Challenging Deficit-Based Discourse in Higher Education Through a Social Connection Model of Responsibility: A Critical Disability Studies Perspective

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A submission presented in partial fulfilment of the requirements of the University of South Wales / Prifysgol De Cymru for the award of PhD by Portfolio.

September, 2020.

VOLUMES 1-3

Candidate declaration

This is to certify that, except where specific reference is made, the work described in this thesis is the result of my own research. Neither this thesis, nor any part of it, has been presented, or is currently submitted, in candidature for any other award at this or any other University.

Signed ….Bethan M. Pickard……..…

Candidate

Date ……2nd September 2020……..

Acknowledgements

Thank you to my supervision team, Ruth, Mark and David, who have guided me through this process and challenged me to refine and advance my thinking.

Thank you to my colleagues, peers and friends with whom some of the outputs in this portfolio were developed or are co-authored. Special thanks to Clare Kell who mentored me through the NTF process which provided the inspiration and substance of my PhD proposal, and to Liz Coombes with whom I've enjoyed sharing this journey.

Sincere thanks to my lovely parents who have supported and encouraged me through all my endeavours. Particular thanks to Sara who will always be my biggest motivation and my biggest ally. A special thank you to Matt for believing I could do this and patiently supporting me through the highs and lows; I look forward to our next adventure together.

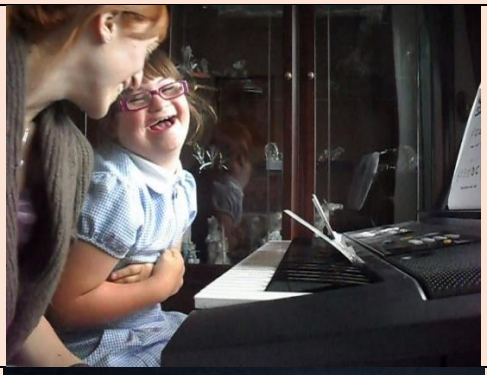
Heartfelt thanks to all the students I've had the privilege to meet and work with, who have taught me so much about higher education and the reciprocal experiences of learning and teaching. A final thank you to Bonnie, a student who showed me when enough was enough – I hope this work makes an impact for future students like Bonnie.

Abstract

This thesis engages the theoretical lenses of Critical Disability Studies, Anti-Oppressive Pedagogy and Iris Marion Young's Social Connection Model of Responsibility to discuss disablement and inclusivity in the Higher Education sector. This challenges Paulo Freire's suggestion that only the oppressed can actualise their liberation by moving the burden of change away from disabled students: calling to action all stakeholders in Higher Education, through consciousness raising activities. The thesis achieves these aims by curating three interconnected projects which evidence consciousness raising activities in different contexts. Project 1 includes music education and music therapy practices which advocate a social justice approach, challenging deficit-based perspectives in practice as well as, crucially, through dissemination. Project 2 demonstrates how this practice was shared with others through learning and teaching activities and the embedding of these values in an undergraduate, Creative and Therapeutic Arts curriculum at the University of South Wales. Through curriculum documentation, pedagogical research and community projects, the potential to explore consciousness raising activities with students is demonstrated, and the notion of a shared responsibility for inclusivity emerges. Project 3 explores, at an institutional level, how the wider organisation and sector understands disability. This involves engagement with the Disability Service, academic committees and the wider sector. A series of impact statements are included to evidence impact occurring across the sector and internationally in response to this work. This thesis calls to action stakeholders at all levels in Higher Education to critically reflect upon their values and attitudes towards disability, and to take collective responsibility for addressing inclusivity, accessibility and social justice in academia.

Keywords**:** higher education, pedagogy, disability, inclusion, oppression, consciousness raising, diversity, equality, accessibility, ableism, responsibility.

Easy Read Summary

Thinking Positively About Disability, using the 'Social Connection Model of Responsibility' in Universities	
	This is a piece of **research** by Beth Pickard.
	This piece of **research** includes three smaller projects.
	The first project is about Beth's work with disabled people in music therapy and music education.
	The second project is about Beth's teaching at the university. Beth's teaching is about her music therapy and music education work with disabled people.

	The third project is about the University of South Wales. This is where Beth works. Beth has talked to lots of people about her research to try to change how disabled people are understood at the university.
	Beth argues that it is everyone's **responsibility** to understand disability. Beth argues that talking about feelings and beliefs about disability can help university staff change their attitudes.
	**Research** - Research is a way of trying to understand something or trying to find out something new. **Responsibility** – Responsibility means who should think about or act on something. If something is your **responsibility**, you need to think about it and decide what to do about it.

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Chapter 1 – Introduction

Figure 1 outlines the thesis' structure. It presents a careful curation of publications, outputs and artefacts exploring the potential of a social connection model of responsibility (Young, 2006) and consciousness raising (Young, 1990, 2011). It uses a Critical Disability Studies lens (Goodley, 2013, 2017; Shildrick, 2020) to argue for inclusive and equitable Higher Education (HE) for disabled students[1].

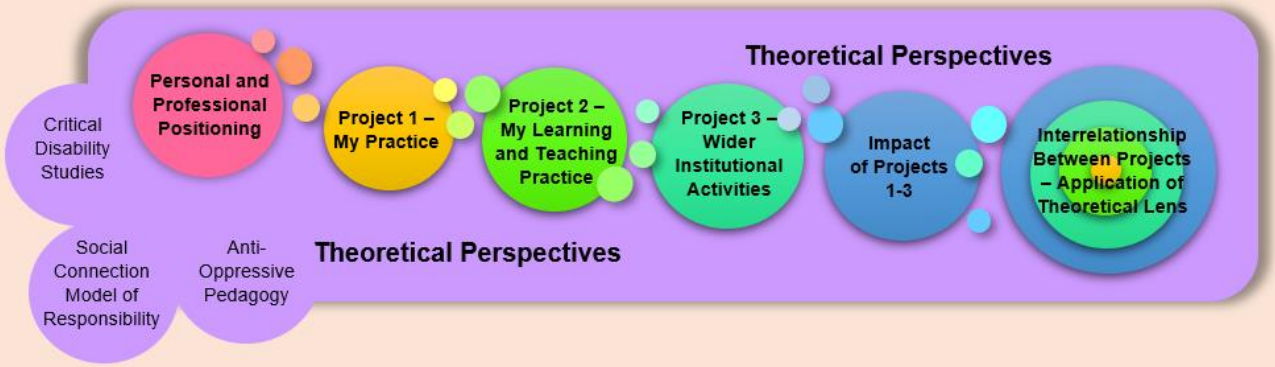

Figure 1 – Illustration of the Journey the Critical Overview Will Take[2]

This chapter positions myself as a researcher within this subject area, explores my personal and professional insight into the topic and recognises the privilege that I bring to this discussion. This is followed by contextual information about inclusivity and equality policy in the UK HE sector, before clarifying the definition of disabled students to which the thesis aligns. Following this, a summary of each project is

[1] The phrase 'disabled students' is used intentionally throughout this thesis to align with the Social Model of Disability's understanding of disability. This signifies that the person is conceptualised to be disabled by society, rather than 'having' a disability within themselves, as per the Medical or Individual Model of Disability.

[2] A visual illustration of the journey is intended to support the reader to navigate the structure of the thesis and acknowledges that some readers may find visual information more accessible (Roberts, 2018). However, it feels important to note that the journey through this research was not linear, and involved many additional projects, hurdles and experiences in addition to the three projects presented. The intervening bubbles between projects are intended to represent the organic nature of the journey and the way the projects presented were some of many activities ongoing during the period of study (see Appendix 4 for a full list of publications). Appendix 41 includes a description of this repeating visual figure for readers engaging with this thesis through a screen reader. Other visual figures are described using the alternative text function.

presented to give the reader an understanding of the overarching intentions of the thesis. Next, is a summary of the research aims and a chapter outlining the original contribution to knowledge which the research makes. This includes a systematic literature search to confirm the originality of the thesis' focus. This introduction concludes with a summary of the thesis' structure.

1.1 Personal and Professional Positioning

Before presenting the component parts of the thesis, I will position myself as a researcher, both personally and professionally, to inform and contextualise the reading of subsequent chapters.

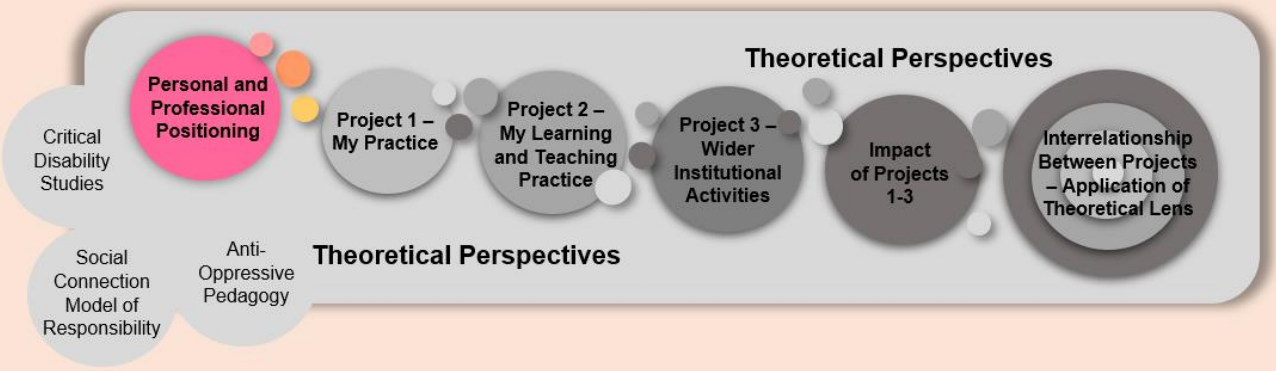

Figure 2 – Personal and Professional Positioning

This thesis represents my practice as an early career researcher, educator, practitioner, colleague, music therapist, friend, ally and sibling. Each identity is represented in this work, which draws on my evolving portfolio career across multiple disciplines and professions.

Reay (1998, p. 2) suggests that "all research is in one way or another autobiographical or else the avoidance of autobiography". Acknowledging and

interrogating this position has been transformative for me in understanding the philosophical underpinning of my own research. Researchers are always socially situated somewhere whether struggling against or reinforcing oppression (Nagel, 1986; Baglieri *et al.,* 2011; Young, 1990, 2011). Focusing on this idea has enabled me to examine the position from which my research and practice has evolved, and the knowledge and understanding that I bring.

My journey has been informed by my lived experience as a sibling of a sister who has a learning disability; my study as a classical musician in a competitive, elitist, normative environment (Caizley, 2019); my studies in Critical Disability Studies which gave voice to the experiences I embodied and felt deeply as a sibling; and my training as a music therapist engaging in personal therapy and confronting my experiences and feelings about disability, disablement and the relevance of these constructs in my own relationships. My worldview, passion and motivation has been framed by growing up as a sibling of a sister who has a learning disability (Pickard, 2018). It has shaped my understanding of the world and informed my personal and professional trajectory, as may be true for other siblings (Atkin and Tozer, 2011; Meltzer and Kramer, 2016). Researcher self-disclosure and reflexivity is central to developing a valid, ethical stance (Iannacci, 2018).

Following the Social Model of Disability and the Disability Rights Movement (Barnes, 2020), I want to critically examine my right to discuss matters relating to inclusion, equity and social justice, in light of my identity as a neurotypical, non-disabled, cis-gender, white academic. Many of these identities afford significant privilege (Hadley, 2013; Dolmage, 2017) and my research could be seen as inauthentic or lacking in insight or expertise. I respectfully acknowledge this position and seek to explain my positioning to clarify my intentions.

Much of my work explores the potential that different disability paradigms offer in making sense of our experiences and perspectives (Goodley, 2017; Baglieri and Shapiro, 2017). I concur with the Disability Rights Movement and the Social Model of Disability's ethos of "nothing about us without us" which is necessary for informed and emancipatory research (Stone and Priestley, 1996; Barnes, 2020). In practice, I work to co-produce arts projects with disabled participants (Appendices 14-15), to actively involve disabled people in curriculum design and delivery (Appendices 10-12), to privilege disabled participants' views and voices in therapy and research (Appendices 4-7), and to challenge systemic oppression against disabled people in HE (Appendices 16-22). These collaborations are evidenced throughout the publications and artefacts included in this thesis and in a full publications list (Appendix 4).

Research into the construct of disability may often appear to support (often non-disabled) academics' own professional interests rather than empowering disabled people (Watson, 2020). This is a critique that I am eager to openly address. There are two reasons for writing this research from my own perspective.

Firstly, this thesis seeks to challenge systemic oppression and exclusion in HE and challenges a student advocacy model that places responsibility upon disabled students to challenge the dominant discourse in HE (Osborne, 2019). I challenge the academic community to recognise the importance of critically reflecting upon and challenging our own belief systems, processes and practices which result in disablement and subsequent under-representation of disabled staff and students (Dolmage, 2017; Brown and Leigh, 2018; Hannam-Swain, 2018; Saltes, 2020). My primary intention is not to further my own professional interests. There are occasions when voicing the perspectives included in this thesis has been contested or resisted,

perhaps because realising that one is an oppressor may cause anguish (Freire, 1970, 2013). Although ableism is similar to racism and sexism, it differs in that it operates below our cultural radar and remains socially acceptable and is thus perpetuated (Derby, 2016). This research seeks to raise the consciousness of academia by challenging the dominant, often subconscious oppressive academic culture to enable consideration and receptiveness to disabled students' and disabled academics' voices (Young, 1990, 2011). It aims to support academics to critically evaluate their positioning and assumptions of pedagogy and professional development. Part of this process is acknowledging the ableist hierarchy which privileges dominant forms of knowledge over others:

> From an ableist perspective, the devaluation of disability results in societal attitudes that uncritically assert that it is better for a child to walk than roll, speak than sign, read print than read Braille, spell independently than use spell-check, and hang out with non-disabled kids as opposed to other disabled kids.
>
> (Hehir, 2002, p. 3)

This hierarchy of knowledge is discussed in Chapter 2.1 in relation to David Bolt's (2019) work. While this thesis is not co-produced with disabled contributors, it reflects on knowledge co-production through engagement with disabled participants and students. Although this thesis adheres to the traditional, systemic privilege of the written word, the knowledge creation process has been collaborative, and disabled contributors' insights have been central to the development of ideas and knowledge construction. Descriptions of visual figures are included as alternative text for readers accessing the thesis through a screen reader and an easy-read summary is

included at the outset for readers with learning disabilities. It is formatted in accordance with British Dyslexia Association (2018) best practice guidelines. In the spirit of legitimate peripheral participation, this thesis is one dimension of a consciousness raising movement (Young, 1990, 2011), incorporating contributions and voices (literal or otherwise) of many disabled and non-disabled stakeholders. While studies focusing on disabled students' voices (Hutcheon and Wolbring, 2012; Kendall, 2016) are much needed, this research considers the voices of people excluded by academia (Brown and Leigh, 2018), and contributions that may not be verbal or written (Simmons and Watson, 2014; Penketh, 2016b; Wexler and Luethi-Garrecht, 2015; Strnadová and Nind, 2020).

There are critical questions for non-disabled researchers to ask themselves (Barton, 1994, p. 10):

- What right do I have to undertake this work?
- What responsibilities arise from the privileges I have as a result of my social position?
- How can I use my knowledge and skills to challenge the forms of oppression disabled people experience and thereby help to empower them?
- Does my writing and speaking reproduce a system of domination or challenge that system?
- Have I shown respect for the disabled people I have worked with?

Using these questions, I have constructed a narrative in this chapter that considers and challenges my right to undertake this work, from an open and respectful position. The focus of this research is to utilise the acknowledged privilege of my position as a non-disabled, neurotypical, white, cis-gender researcher to draw

attention to ableist privilege, and to acknowledge this as an opportunity for enacting social justice by raising consciousness of ableism in HE, and the dominant, oppressive practices at play. Highlighting, destabilising and problematising "bestowed knowledge" (Moore and Slee, 2020, p. 267) about diversity may empower disabled students and disabled academics' voices to be heard and centralised. This thesis challenges dominant semantic choices, and highlights where terminology is problematised and critically reflected upon. Following relevant ethical procedures and principles (BERA, 2018) and ethical practices in emancipatory disability research (Iannacci, 2018; Watson, 2020), this research maintains a highly respectful position throughout. This is achieved by acknowledging disabled people as experts and "true knowers" (Stone and Priestley, 1996, p. 19) of their experience of disablement and the collective experience of living in an ableist society, from whom I seek to learn and raise my own consciousness further.

1.2 Context: Equality Policy and Practice in Higher Education

The Equality Act (2010) is a central driver for inclusive practice and social justice in the UK HE sector. It mandates that universities should not discriminate against disabled students and the Public Sector Equality Duty requires universities to advance equality of opportunity. It is interesting to note that the Equality Act (2010) defines disability as residing within individuals, rather than resulting from any barriers posed or faced by institutions. It classes individuals as disabled if they: "have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on [their] ability to do normal daily activities" (Equality Act, 2010, p. 4). This contrasts with the Convention on the Rights of Persons with Disabilities (CRPD) (UN 2008, p.

4) which frames disability as an interaction between individuals and their environment:

> Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.

The Equality Act (2010, p. 5) states that there is no difference between a 'disabled person' and a 'person with disabilities'. By taking these terms to be synonymous, it negates the contribution of language to the social construction of disability (Rapley, 2010). The Equality Act (2010) contests the UK Disability Rights Movement's language preferences which follow the Social Model of Disability (Oliver, 1983, 2013) and its language of 'disabled people' which exemplifies that people are disabled by society, rather than their bodies or impairments. This is in contrast with Welsh Assembly Government (WAG) (2013) guidance, which advocates for the Social Model of Disability.

This thesis uses an alternative definition of disabled students that highlights an institution's potential to disable students:

> Disabled students are presented as oppressed victims of their universities, who are deprived of equitable access to important learning resources as a result of institutional non-compliance with legal requirements, professional codes of practice or technical standards and guidelines.
>
> (Seale *et al.,* 2015, p. 115)

The effectiveness of the Equality Act (2010) to challenge direct and indirect discrimination, victimisation and harassment on the grounds of protected

characteristics, including disability, is critiqued from a number of perspectives (Guillaume, 2011; Kirkham *et al.,* 2016; Roberts and Hou, 2016; Wilks, 2019; Cameron *et al.,* 2019). Foremost is the notion that the language of 'reasonable adjustments' positions disability as an individual pathology "rather than a systemic problem that results from power inequities and discriminatory regimes" (Liasidou, 2014, p. 123). The use of a liability model of responsibility (Young, 2006) where compliance is imposed by law and those deemed non-compliant are liable, does not necessarily address systemic or institutional modes of oppression or discrimination reported by disabled students (Beauchamp-Pryor, 2012; Sarrett, 2018; Osborne, 2019). The liability model does not challenge a deficit-based mindset prevalent among educators (Barnes, 1991; Tobin and Behling, 2018; Martin *et al.,* 2019).

The advent of the Public Sector Body Accessibility Regulations (PSBAR) (Government Digital Service, 2020) has created a flurry of accessibility awareness as HE institutions demonstrate compliance with legal requirements for accessibility of digital content that is 'perceivable, operable, understandable and robust'.

Against this backdrop, this thesis addresses the tension between the liability model of responsibility demonstrated in the Equality Act (2010) and PSBAR, and the systematic oppression and ableism of HE (Hutcheon and Wolbring, 2012; Dolmage, 2017; Bolt, 2019). It presents three projects which have pursued and promoted consciousness raising (Young, 1990, 2011) in HE. The social connection model of responsibility (Young, 2006) is proposed as an alternative response to systemic oppression in HE, and consciousness raising is used as a vehicle to enable the shift between liability and social connection models of responsibility.

1.3 Research Aims

In presenting three discrete yet interrelated projects, this thesis demonstrates the potential of a Critical Disability Studies informed philosophy to invite critical consciousness and enact inclusion at all levels of HE: through practice, research, pedagogy, curriculum design, dissemination, continuing professional development, advocacy and action.

The following research questions are explored:

- How can a deficit-based discourse around disability be challenged through research, practice and dissemination which asserts an increasingly interactional or asset-orientated understanding of disability?

- How can the ethos and philosophical underpinning of a practitioner's approach inform curriculum development, university processes and practices, and student experience in HE?

- How can consciousness raising through engagement with Critical Disability Studies determine the potential for enabling increasingly inclusive and equitable provision in HE?

- What is the scope to reframe the portrayal of disability in HE through consciousness raising and exposure to Critical Disability Studies philosophy?

1.4 Research Topic and Original Contribution to Knowledge

When researching how 'inclusivity'[3] is pursued in HE, several different perspectives arose. The breadth of approaches which informed this research are summarised in Figure 2. The individual studies are discussed in greater detail throughout Appendices 5-22.

[3] The term 'inclusivity' is a widely used term in the literature, but its connotations are problematised here. The notion of inclusivity could be argued to propose a binary between inclusion and exclusion and be perceived as an optional action, afforded by the privileged, dominant group (Young, 2002). Of significant relevance to this thesis, is the argument that 'including' marginalised communities in the normative system requires them to conform to hegemonic norms, and thus is potentially tokenistic at best, and detrimental at worst (Young, 2002). Throughout her work, Young argues for a more transformative call to action.

Universal Design for Learning (UDL)

- Hall and Stahl (2006);
- Israel, Ribuffo and Smith, (2014);
- Milton, Martin and Melham (2016);
- De Bie and Brown (2017);
- UDLL Partnership (2017);
- Tobin and Behling (2018);
- Martin *et al. (*2019);
- Bracken and Novak (2019).

Social Justice

- Applebaum (2010);
- Myers, Jenkins Lindburg and Nied (2013);
- Liasidou (2014);
- Willie-LeBreton (2016);
- Adams and Bell (2016);
- Pasque *et al.* (2016);
- Evans *et al.* (2017);

Accommodations and Reasonable Adjustments

- Cook *et al. (*2009);
- Murray *et al.* (2009);
- Zhang *et al.* (2010);
- Barnard-Brak *et al.* (2010);
- Murray *et al. (*2011);
- Lombardi and Murray (2011);
- Kirschbaum, Eisenman and Jones (2017);
- Krebs (2019).

Perspectives of Disabled Students

- Healey *et al.* (2006);
- Pumfrey (2008);
- Vickerman and Blundell (2010);
- Redpath *et al.* (2013);
- Knott and Taylor (2014);
- Kendall (2016);
- Cai and Richdale (2016);
- McLean (2019);
- Lillywhite and Wolbring (2019);
- Osborne (2019);

Awareness Raising

- Upton and Harper (2002);
- Johnson (2006);
- Treby, Hewitt and Shah (2006);
- Murray *et al. (*2009);
- Murray, Lombardi and Wren (2011);
- Priest, Hale and Jacobs (2011);
- Waitoller and Artiles (2013);
- Hale *et al. (*2013);
- Gaddy (2016).

Ableism

- Hutcheon and Wolbring, (2012);
- Rocco (2012);
- Powell (2013);
- Van Hove *et al.* (2014);
- Goodley (2014);
- Kattari (2015);
- Derby (2016);
- Dolmage (2017);
- Baglieri and Lalvani (2019).

Widening Access

- Kennedy (1997);
- Williams (1997);
- Woodrow *et al.* (1998);
- Thompson (2000);
- Minter (2001);
- Hayton and Paczuka (2002);
- Duke and Layer (2005);
- Riddell, Tinklin, and Wilson (2005);
- Burke (2012);
- Kikabhai (2018);
- Gordon and Mountford-Zimdars (2018).

Figure 3 – Existing Evidence Base Informing this Research Project

Originality can take many forms and articulating the original contribution of doctoral research is a challenge for many projects (Cryer, 2006; Phillips and Pugh, 2010; Clarke and Lunt, 2014; Gill and Dolan, 2015), including this thesis. The literature collated in Figure 3 indicates the breadth of research in the field. However, the focus of this research project is subtly distinct, fulfilling the originality requirement of doctoral study (QAA, 2015).

One such contribution of this thesis is the application of an existing model or theory in an innovative context. i.e. the application of Young's (2006) social connection model of responsibility to the HE sector. In this model, which will be discussed fully in Chapter 2.2, Young (2006) proposes that through their actions, all contributors to structural processes share responsibility for remedying injustices in these processes. This thesis proposes that in the context of HE, all stakeholders[4] have a shared responsibility to challenge the deficit-based discourse of disability in the sector. Consciousness raising practices (Young, 1990, 2011) (Appendixes 5-9), curriculum development (Appendices 10-16), tools (Appendices 16-18), activities and actions (Appendices 19-22) are explored to nurture awareness of this philosophy and call to action a paradigm shift within institutions and the wider sector.

Young's (1990, 2006, 2011) work is not featured in the literature outlined in Figure 3 in relation to disability, inclusivity and HE, so the literature was searched to confirm the originality of the study, using education and social science databases (see Appendix 1).

[4] The term 'stakeholders' is intended here in the broadest sense: from students to academics, administrative staff to professional services staff, finance officers to accommodation staff, marketing teams to admissions teams.

Initial searches for “social connection model of responsibility” AND [“higher education” / university / college] AND disab* did not yield *any* results. Further search strategies looked for literature using either the social connection model of responsibility and HE, or the social connection model of responsibility and disability (see Appendix 1). No studies of direct relevance or similarity to this study’s focus were sourced. Some interesting literature about applications of Young’s (2006) theory in social justice pedagogy were found, that were applicable to the wider context (Roehler, Fear and Herman, 1998; Applebaum, 2007, 2010; Robertson and Dale, 2013; Marston and Dee, 2015; Sasaki, 2016; Aβländer, 2018)[5].

Having integrated this systematic search (Appendix 1) into the wider literature review referenced in Figure 3, Figure 4 illustrates the gap in the literature which this research examines.

[5] See Appendix 1 for a summary of these sources.

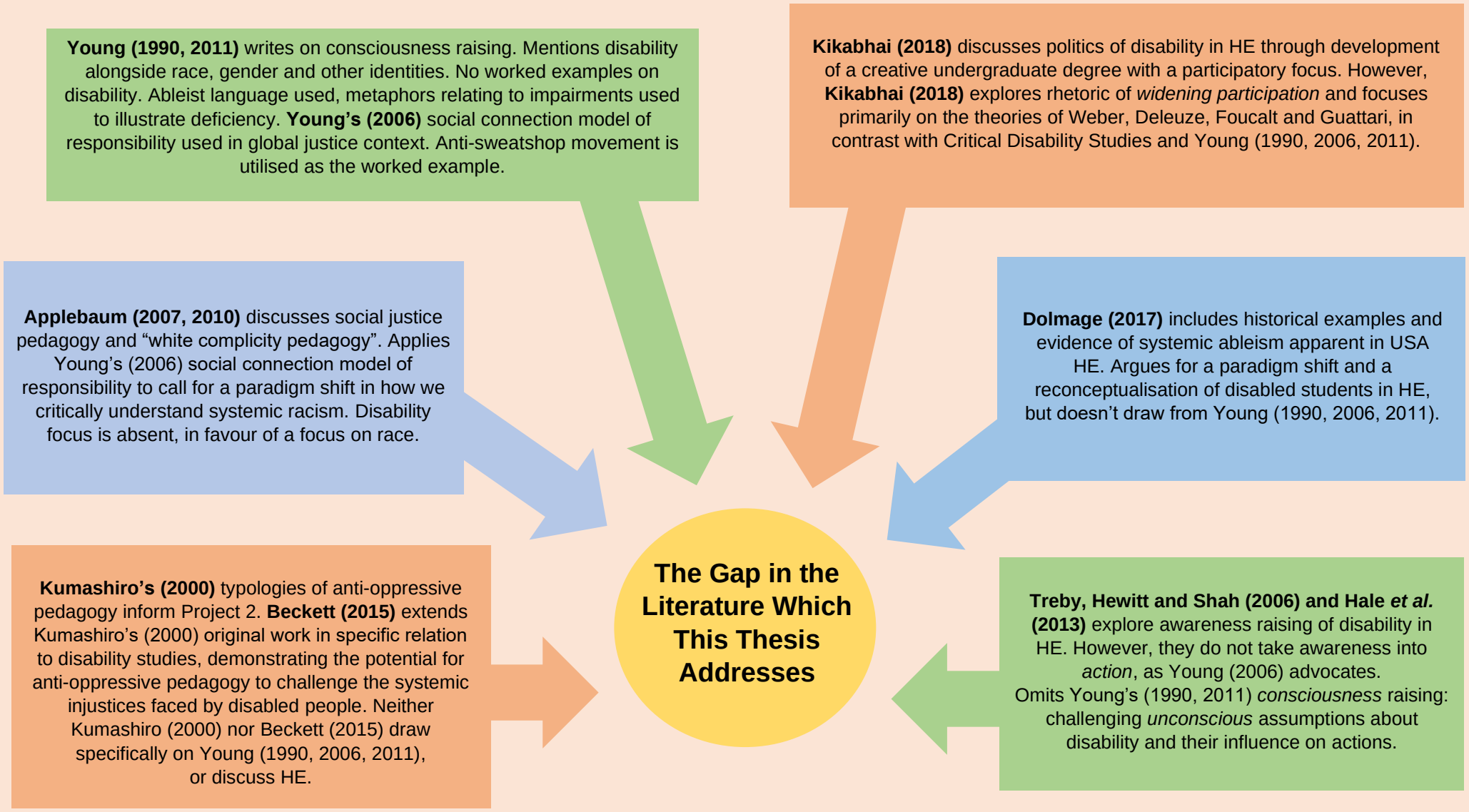

Figure 4 – The Gap in the Literature Which This Thesis Addresses

This novel research applies Young's (2006) social connection model of responsibility to the HE sector, challenging Freire's (1974, 2016) suggestion that only the oppressed can actualise their liberation. This moves the burden of change away from disabled students (Woods, 2017; Osborne, 2019), thus calling to action *all* stakeholders in HE, through consciousness raising activities (Young, 1990, 2011).

Further originality demonstrated throughout the individual projects will be signposted to in the next chapter as the structure of the thesis is summarised.

1.5 Overview of Chapters

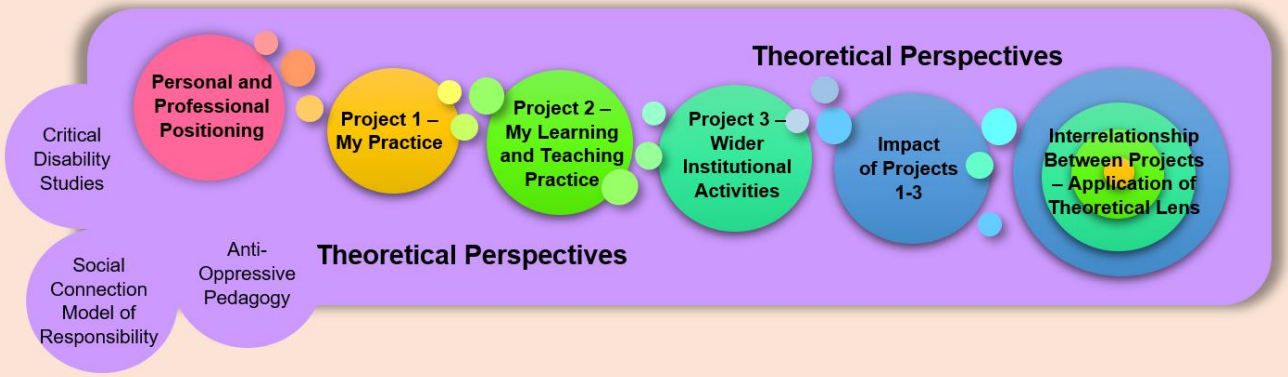

Figure 5 – The Structure of the Thesis

Chapter 2 presents three theoretical perspectives, providing multiple lenses to explore and understand the subsequent outputs. These lenses are: Critical Disability Studies (CDS), Anti-Oppressive Practice, and the Social Connection Model of Responsibility.

CDS gives a foundational framework for this research (Goodley, 2013, 2017; Shildrick, 2020). The evolution of CDS is presented and discussed before its potential as a theoretical, philosophical and methodological vehicle is considered. Within this theoretical context, the notion of disability paradigms is presented

(Baglieri and Shapiro, 2017) and expanded to highlight Bolt's (2019) Tripartite Model of Disability as a specific focus. The second theoretical lens is Kumashiro's (2000) typologies of anti-oppressive pedagogy, applied in a disability studies context by Beckett (2015). The third and most specific lens is that of Young's (1990, 2011; 2006) notion of consciousness raising to enact a social connection model of responsibility.

The portfolio, discussed in Chapter 3, comprises three distinct projects, each evidencing originality. The first explores the application of my values and philosophical approach to music education and music therapy practices. The outputs include:

- A peer-reviewed, international journal article discussing a framework for instrumental tuition for learners who have Down's Syndrome;
- A book chapter in an edited collection discussing a non-normative approach to music therapy practice for young autistic adults;
- A collaboratively authored, peer-reviewed, international journal article with an international collective of music therapists, exploring music therapists' intentionality and understanding of the Neurodiversity Movement;
- Two outputs applying a CDS lens to music therapy theory and practice: one conference paper presentation and one peer-reviewed, international journal article.

This project demonstrates how a passionate belief in an affirmative interpretation of disability (Swain and French, 2008) has been actively applied in practice and disseminated to enable others to reframe and recontextualise otherwise potentially deficit-based practices (Rolvsjord, 2016; Penketh, 2016a). Through these subject

specific examples, consciousness raising (Young, 1990, 2011) is gently nurtured at grass-roots level, and a social connection model of responsibility (Young, 2006) emerges.

Originality is demonstrated in Project 1 through the innovative application of CDS theory and philosophy to the practice, research and literature of music therapy (Appendices 6-9), which is not widely accepted or implemented. There are only a small number of published studies which take this perspective (see Hadley, 2014; Gross, 2018). Further, there is a well-documented tension between the application of CDS in the wider scholarly fields of music, popular music and performance, and specifically its application in music therapy (see Straus, 2011, 2014; and Tsiris, 2013, 2018; Appendix 9). Consciousness raising of the Neurodiversity Paradigm in music therapy in Appendices 7 and 9 demonstrates originality through reinterpretation of existing theory as well as innovative application. Appendix 7 invites music therapists to interrogate and critically reflect upon their intentions in therapy with neurodivergent and autistic participants[6]. There are very few music therapy sources which discuss the Neurodiversity Paradigm or apply it in this way, and one of the few resources cites Appendix 6 and other examples from Appendix 4 as formative examples (Leza, 2020, Appendix 39). A CDS perspective is innovatively applied in Appendix 5 in the field of music education, where the tendency of the subject area to pathologise learners (Penketh, 2016a) is challenged, expanding initial applications of a disability studies perspective (Lubet, 2009; Darrow, 2012, 2015a, 2015b; Matthews, 2015; Darrow and Adamek, 2012, 2018).

[6] My use of person-first and identity-first language varies across outputs as my understanding of this construct has evolved (Autistic Hoya / Brown, 2011; Ladau, 2014). The edited book that Appendix 6 was included in used person-first language throughout, whereas we made a decision to prioritise identity-first language in Appendix 7, which I have continued into this thesis. This evidences how my understanding has continued to evolve during the journey through this thesis.

The second project explores how my values inform my pedagogical approach to learning and teaching. Included in this project is:

- A summary of the Critical Review and Revalidation Documentation from the Creative and Therapeutic Arts degree's revalidation activity.
- A peer-reviewed, international journal article exploring the revalidation process for the Creative and Therapeutic Arts degree, for which I am Course Leader;
- A conference paper output exploring the synergy between taught content about inclusive practice and the potential parallel process in learning and teaching practices.
- A pedagogical project co-published with a graduate about Lubet's (2014) notion of social confluence and its relevance to inclusive arts education;
- A journal article (under review) about a pedagogical research project which explored an inclusive arts curriculum's impact on students' perceptions and attitudes about disability;
- A peer-reviewed, international journal article about a research project which sought to enable a cohort of students to establish a note taking community to diminish reliance on specialist support.

Here the focus on anti-oppressive pedagogy (Kumashiro, 2000; Beckett, 2015) emerges, and the notion of consciousness raising (Young, 1990, 2011) is directly and explicitly explored with students as the next generation of practitioners.

In Project 2, originality is proposed in the development of a unique curriculum for the Creative and Therapeutic Arts degree at the University of South Wales, responding to several calls to introduce CDS centrally within arts-based curricula (Matthews, 2010; Osborne and Fogarty, 2014; Gieben-Gamal and Matos, Derby, 2011, 2012,

2015, 2016, 2017; Keifer-Boyd *et al.,* 2017; Penketh, 2014, 2016a&b, 2017a&b; 2020). The degree programme is one of only two in the country (see University of Derby, 2020) and sets itself apart from competitors through curriculum innovations discussed in this project. This programme incorporates CDS perspectives throughout the curriculum rather than including solely a module or project (Appendices 10-16).

The final project considers the potential of a values-based approach manifested in learning and teaching practices to make an impact on the wider systemic context of the institution and vice-versa. This project includes:

- A bilingual, accessible infographic developed with the manager of the university's Disability Service;
- A peer-reviewed journal article about this infographic;
- A research report and presentation, and an international, peer-reviewed journal article documenting a research project seeking to surface and analyse the implicitly portrayal of disability on all Welsh universities' Disability Service websites;
- A series of provocations, delivered by invitation to the university's Learning and Teaching Committee (LTEC) and Faculty Learning and Teaching Committees (FLTEC) which present alternative and arguably contentious depictions of disability, disablement and inclusive practice as a call to action to the university community.

This project consolidates anti-oppressive pedagogy (Kumashiro, 2000; Beckett, 2015) and consciousness raising (Young, 1990, 2011) at the institutional level to advocate for a social connection model of responsibility (Young, 2006).

In Project 3, originality is demonstrated in the creation of an artefact to support student engagement with the university's Disability Service (Appendices 17-18). This brand-new resource was developed in response to disabled students highlighting a gap in available information as a barrier to their understanding and access to their education. Appendices 19-20 showcase an original application of qualitative content analysis to universities' Disability Service websites, enabling interrogation of implicit messages about the universities' portrayal of disability. While Dobson (2018) takes a documentary analysis approach to a similar task, the methodological choices of Appendices 19-20 enable exploration of implicit messages about disability in the HE sector, congruent with the systemic oppression discussed in relation to CDS and structuration (Giddens, 1984) in Chapter 2.2. Finally, these implicit messages and matters of practical consciousness are shared with high level committees within the university in Appendices 19, 21-22, enabling consideration of this subject matter by colleagues who may not otherwise encounter it or consider its relevance.

This project demonstrates the elevation of consciousness raising to an institutional level, to enable recognition of all stakeholders' responsibility to consider disablement in HE and to challenge normative assumptions about diversity. It is proposed that through this project, focus is turned "from the [disabled] object to the [ableist] subject; from the described and imagined to the describers and imaginers; from the serving to the served" (Morrison, 1992, p. 90).

Following a detailed discussion of each project in relation to the theoretical lenses, the inter-relationships between the projects and the proposed framework in which they culminate are considered in Chapter 4 along with the potential of this framework to be utilised as a consciousness raising vehicle by other HE sector stakeholders. A summary of the methodologies and methods included in the thesis is presented in

Chapter 5 to evidence achievement of the doctoral descriptors (QAA, 2015). Having reiterated the original contribution to knowledge and returning to answer the original research questions, conclusions and recommendations will be drawn in Chapter 6.

Chapter 2 - Underpinning Theoretical Perspectives

An innovative combination of theoretical perspectives inform this thesis. In order to orientate the reader to these perspectives, the following sub-sections will define and discuss each theoretical perspective and its relevance to the study.

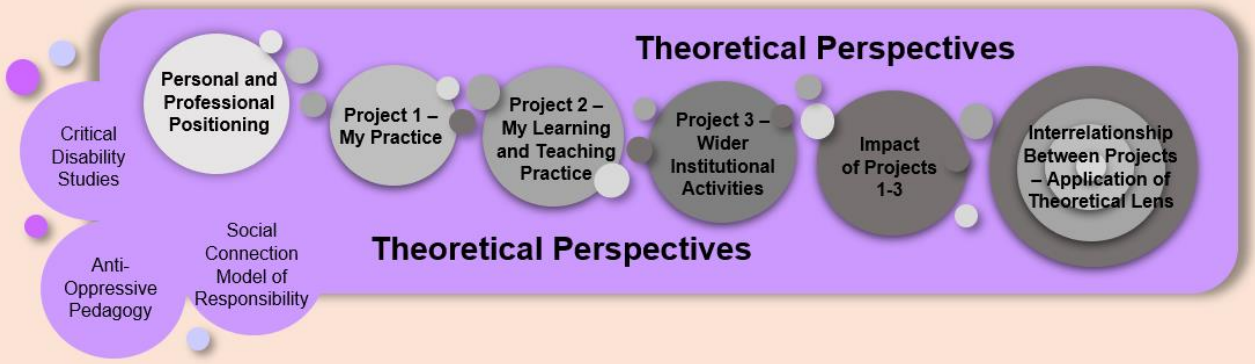

Figure 6 – The Theoretical Perspectives Informing the Research.

2.1 Critical Disability Studies

While my teaching responsibilities are primarily in the subject area of Therapeutic Studies, I consider my passion and specialism to be Critical Disability Studies (CDS). The discipline of CDS has given me the tools and vocabulary to articulate my worldview and experiences of disablement and is the primary lens through which I conceptualise my research and practice. While it is beyond the scope of this chapter to discuss all the intricacies of this interdisciplinary movement, a brief summary will be offered as an important theoretical context to subsequent chapters.

CDS is an evolution of disability studies (DS), which formed as an academic discipline from the political activism of the Disability Rights Movements in the 1960s and 1970s (Oliver and Barnes, 2012; Watson and Vehmas, 2020). Three central

points of focus for the field of DS include the ideas that disabled people are marginalised and disadvantaged; that disabled people can be identified as a minority group; and that the construct of disability can be reconceptualised from a medical to a social issue (Shakespeare and Watson, 2001). This final point is often cited as the central focus of this discipline, coined by Mike Oliver (1983, 1990, 2013) as the Social Model of Disability.

The Social Model of Disability posits that society disables people more than their bodies or impairments, in direct opposition to the Medical or Individual Model of Disability, which understands disability as deficit residing within the individual (Goodley, 2017; Barnes, 2020). Since the initial proposition of this shift from a medicalised to a social conceptualisation of disability in the 1980s (Finkelstein, 1980; Oliver, 1983), DS has become an established discipline in its own right, with a myriad of academic journals and university courses, as well as continued political activism (see Barnes, 1991; Garland Thomson, 1997; Linton, 1998; Barnes and Mercer, 1997, 2003; Davis, 2006; Thomas, 2007, 2010; Oliver and Barnes 2012; Watson and Vehmas, 2020).

While some argue that the evolution of the social model informed lexicon across subject areas (Goodley *et al.,* 2019), other authors pose that the fundamental paradigm shift of the social model was met with avoidance and resistance (Bolt and Penketh, 2016; Dolmage, 2017). This thesis acknowledges the presence of social model thinking in policy and practice (WAG, 2013) but concurs with Bolt and Penketh (2016) that a deeper acceptance and embodiment of such approaches are not forthcoming in academia.

Since maturing into the 1990s, first wave DS has been subject to much critique and evolution, including increasing demands for academic validity (Shakespeare, 2013); recognition and critique of gendered perspectives (Garland Thomson, 2002, 2005), ethnicity (Stuart, 1993), sexuality (Shakespeare *et al.,* 1999; Liddiard, 2018) and social class (Gallagher and Skidmore, 2006); the need to unpack ableism and Othering (Davis, 1995; Goodley, 2013) and potential for an increasingly interdisciplinary approach (Goodley, 2017; Watson and Vehmas, 2020). This has led to increased plurality in DS and the advent of CDS as a postconventional approach to disability (Shildrick, 2004, 2007, 2020; Goodley, 2012, 2014, 2017; Mallett and Runswick-Cole, 2014; Liasidou, 2014; Goodley *et al.,* 2019). CDS is described as adding:

> A new force to the theoretical impetus already at the heart of the social model, taking it in innovative directions that challenge not simply existing *doxa* about the nature of disability, but questions of embodiment, identity and agency as they affect all living beings.
>
> (Shildrick, 2020, p. 32)

This exploration of not only *what* happens to those marked as Other to normative boundaries, or *how* they are excluded or marginalised, but critically *why,* is intended to unpack discourse as well as practice. It is this additional layer of criticality with which this study is particularly interested, and not merely the suggestion that disabled students are excluded, or oppressed, or disadvantaged in HE, but critically to understand how and why this occurs, and thus how this might be challenged. Goodley (2017, p. 190) builds on the definition of CDS, proposing it as a "location populated by people who advocate building upon the foundational perspectives of

disability studies whilst integrating new and transformative agendas". It is this marriage of the fundamental premise of the Social Model of Disability with transformative interdisciplinary agendas which make this philosophical and theoretical movement a constructive lens for this study.

In the spirit of the interdisciplinary nature of CDS, sub-disciplines have subsequently evolved. Of note to this study are Disability Studies in Education (Connor *et al.,* 2008; Baglieri *et al.,* 2011) and Cultural Disability Studies in Education (Bolt, 2019). These movements have applied the theory and activism of DS and the intersectionality and interdisciplinarity of CDS in an educational context, to transformative effect – challenging the construct of 'special educational needs' from a highly critical perspective (Penketh, 2016b; Bolt, 2019; Moore and Slee, 2020).

Since the outputs in this portfolio are situated, developed and published within other disciplines (namely Creative Arts, Music Therapy, HE), the accessible and arguably simplistic extremes of the Medical and Social Models of Disability are widely referenced within the component parts of the portfolio. This positioning is quite intentional: to raise consciousness (Young, 1990) of the potential to problematise normative notions of disability amongst those who may not otherwise engage with disability discourse. As such, relatable and more accessible DS theories have been discussed, often drawing from the thorough and foundational work of Goodley (2017). However, within the parameters of this thesis, which contextualises the combination of outputs and positions them within a coherent narrative, it feels relevant to "dispel simplistic representations of disability" by including Bolt's (2019, p. 4) Tripartite Model of Disability.

Positioning itself within Cultural Disability Studies in Education (Bolt, 2019), the Tripartite Model explores the tensions between ableism and disablism: the former focused on normative assumptions and expectations, and the latter focused on disablement in relation to social constructionism (Kumari Cambell, 2009). Bolt (2019) proposes that ableism and disablism, as normative positivisms and non-normative negativisms respectively can be incorporated to construct the Tripartite Model of Disability:

The Tripartite Model of Disability (Bolt, 2019)

1. **Normative Positivisms** – the ongoing affirmation of social norms without a second thought for disability;
2. **Non-Normative Negativisms** – difficult or disabling deviations from social norms;
3. **Non-Normative Positivisms** – affirmed deviations that depart from the social norms of ableism and disablism.

(Bolt, 2019, p. 5)

Normative positivisms are prevalent throughout HE, manifest in the reality that academia "can be read as an environment intended for non-disabled persons" (Wilson and Lewiecki-Wilson, 2002, p. 297). Kate West (2020) recently coined the term the 'neurotypical university', which aptly describes the development and maintenance of the academy for the non-disabled majority (Dolmage, 2017). Kumari Cambell (2009) has referred to similar notions beyond HE as the 'able-bodied order' and Goodley (2011, 2017) challenges the precarious ontological status of this 'abled

bodied' ideal. Aside from the physical spaces which privilege normative bodies in HE (Dolmage, 2017; Batty, 2020; Schroeder, 2020), further examples of normative positivism include cognitive ableism which privileges certain cognitive abilities (Carlson, 2001; Penketh, 2016b; Berg *et al.,* 2017); lexism which privileges forms of and assumptions about literacy (Hehir, 2002; Gale and Tranter, 2011; Collinson, 2014); logocentrism which privileges the written form (Roberts, 2018); sanism which privileges those who don't identify as experiencing mental health challenges (Prendergast, 2014); audism which prioritises a hearing landscape (Bauman and Murray, 2009; Wilks, 2019); and ocularcentrism, described as the dominance of visual perception (Jay, 1994; Bolt, 2014, 2016). The impact of normative positivisms in HE curricula can be to marginalise and Other disabled students (Wolbring, 2008; Ashby, 2010; Bolt and Penketh, 2016; Batty, 2020).

2.2 Young's Social Connection Model of Responsibility and Consciousness Raising

Two of Iris Marion Young's seminal theories are explored in this thesis. Firstly, her social connection model of responsibility (2006), originally conceptualised in relation to global justice and the anti-sweatshop movement. Secondly, consciousness raising: a notion discussed in her seminal 1990 (2011) text. While CDS (Goodley, 2017; Shildrick, 2020) or Cultural Disability Studies in Education (Bolt, 2019) provide the fundamental philosophy of this thesis and its component parts, Young's (2006) social connection model of responsibility comprises the primary, original dimension.

Young (2006) developed ideas posed by Karl Jaspers (2000) and Hannah Arendt (1994, 2003) in reflecting upon the atrocities committed in Nazi Germany (Aβländer,

2018). Jaspers (2000) differentiated between four forms of guilt: criminal guilt, political guilt, moral guilt and metaphysical guilt. The latter, metaphysical guilt, represented a failure to prevent crimes committed by others (Jaspers, 2000). This was explored further as Arendt (1994) explored the distinction between guilt and responsibility, suggesting that the two concepts were not synonymous, with scope to be responsible but not guilty. Arendt's (2003) conception of 'collective responsibility', as well as her call for a more sophisticated distinction between these notions, was taken up by Young (2006).

Developed from a global justice perspective, Young (2006) built on previous studies in which she explored the politics of difference and the oppression and domination of various groups in society, by proposing an alternative to what she called the liability model of responsibility. As discussed in Chapter 1.2, the Equality Act (2010) which is one of the primary mechanisms for mandating equitable education in the UK adheres to a liability model of responsibility, whereby institutions or individuals who are not compliant with the Act can be held accountable, and a consequence imposed. However, the enormity and complexity of systems and institutions can mean it is difficult, or perceived as difficult, for a disabled student to challenge the accessibility of university provision. It can also be challenging to definitively prove liability, particularly with the arguably vague wording of 'reasonable adjustments' within the Act (Krebs, 2015; Roberts and Hou, 2016).

Young's (2006) social connection model of responsibility offers an alternative lens for understanding structural injustice, which she defines as the "unintended consequences of the combination of the actions of many people" (Young, 2011, p. 53). In this model, all stakeholders in a structurally unjust system share responsibility

for addressing injustice. This is posed not through a culture of blame, but rather a call to action:

> Blame is a backward-looking concept. Calling on agents to take responsibility for their actions, habits, feelings, attitudes, images and associations, on the other hand, is forward-looking; it asks the person "from here on out" to submit such unconscious behaviour to reflection, to work to change habits and attitudes.
>
> (Young, 1990, p. 151)

This position provides an original re-conceptualisation of structural injustice in relation to disabled students' experiences in HE and invites an alternative response by way of collective responsibility, realised through consciousness raising (Young, 1990, 2011). While Young's (1990) original work is now thirty years old, many of her seminal ideas remain deeply respected (Aubert, Garrau and Latour, 2019) and can be innovatively applied in the context of disability and HE.

Young (1990, 2006, 2011) focuses on the constructs of oppression and domination, resulting not from a distributive paradigm, as is common in other conceptions of social justice, but from evaluating social structures which enable or disable individuals in given contexts and situations. This is particularly relevant to this thesis, which aims to surface, analyse and challenge normative assumptions about diversity which are so embedded in systemic practices that they are not consciously "noticed as contestable" (Young, 1990, p. 59). Young's (1990) consciousness raising is proposed as a tool for understanding the approach taken across each of the projects in this portfolio.

Young (1990, 2011) references Anthony Giddens' (1984) Three-Levelled Theory of Subjectivity, which felt very applicable to my own experiences of exploring inclusive practice in HE. Giddens' theory is applied specifically to our conceptualisation of the construct of disability in this thesis. Giddens (1984) conceptualises that there are three levels of consciousness at which we may interpret and understand all concepts. One is a discursive level of consciousness, at which there is often an acknowledged commitment to equality and awareness of the legislation that enshrines this ethos. This is discussed by Tobin and Behling (2018) who concur that most academics purport an open commitment to inclusive practice, at this discursive level of consciousness (Murray, *et al.,* 2009; Murray, Lombardi and Wren, 2011).[7]

Giddens (1984) posits two additional, deeper levels of consciousness: practical consciousness and consciousness of the basic security system. These levels are lesser discussed in relation to disability or HE and constitute a further original aspect of this thesis. In discussing Giddens' (1984) ideas in a social justice context, Young (1990) proposes that at the levels of practical consciousness and the basic security system, unconscious reactions to diversity such as racism, homophobia, ageism and ableism are widespread and continue to perpetuate oppressive practices, despite commitments to equality at the discursive level of consciousness.

Young (1990, 2011), like Niedecken (2003), suggests that the suppression of this conscious ableism is likely the product of anxiety and fear, in recognition that disabled students are not so Other: "the disabled person whom I project as so different, so other, is nevertheless like me" (Young, 1990, p. 147). Beckett (2015, p.

[7] Conversely, see Flaherty (2017) for a rarely published but arguably widely held attitude whereby ableism is acknowledged at the level of discursive consciousness.

79) proposes that empathy with disabled people should be an intention of an anti-oppressive pedagogy: to encourage understanding that “the Other is not dissimilar to the self” and to dismantle the “self-Other binary” (Kumashiro, 2000, p. 35).

It is through interactions, experiences, curriculum design, pastoral support, personal therapy and self-reflection that oppression of disabled students at this level of practical consciousness has been identified in this research and is sought to be addressed through the endeavour of consciousness raising, defined as: “making the privileged aware of how their habitual actions, reactions, images, and stereotypes contribute to oppression” (Young, 1990, p. 154).

As advocated by Young (1990, p. 151), the notion of “blame” is replaced with “taking responsibility” when making the privileged or dominant (non-disabled) group conscious of their oppressive potential, and advocating affirmation of a positive identity for those experiencing oppression is also imperative in enabling positive change. These are the activities that will be documented through this thesis.

2.3 Anti-Oppressive Pedagogy

In relation to the theory of anti-oppressive pedagogy, two seminal authors are centrally considered. Firstly, Kevin Kumashiro’s (2000) typologies of anti-oppressive education, which aren’t specific to a disability context. Secondly, Angharad Beckett’s (2015) application of Kumashiro’s (2000) typologies, through a DS lens.

2.3.1 Kumashiro's Typology of Anti-Oppressive Pedagogy

Developing Young's (1990, 2011) discussion of oppression in the context of social justice, Kumashiro (2000) considers how these ideas might be applied in an educational context. Kumashiro (2000) proposes four typologies of anti-oppressive education:

- Education *for the Other,*
- Education *About the Other*,
- Education *That is Critical of Privileging and Othering*,
- Education that Changes Students and Society.

While education *for the Other* promotes safe spaces, positive role models and advocacy, it does not challenge the problematic nature of Othering. Education *about the Other* focuses on "what all students – privileged and marginalised – know and should know about the Other" (Kumashiro, 2000, p. 31). This typology is an opportunity to challenge problematic partial knowledge and to critically examine and disrupt the self-Other binary, as well as "bestowed knowledge" (Moore and Slee, 2020, p. 267). Education *That is Critical of Privileging and Othering* considers:

> Not only how some groups and identities are Othered… but also how some groups are favoured, normalised, privileged as well as how this dual process is legitimised and maintained by social structures and competing ideologies.
>
> (Kumashiro, 2000, p. 35-36).

This relates closely to Bolt's (2019) ideas of normative positivisms. This focus on the process of Othering nurtures a pedagogy of positionality (Acevedo *et al.*, 2015), in which student and educator critically examine their privilege and oppression,

optimally resulting in transformative action. Finally, Education that Changes Students and Society involves the poststructuralist notion of changing citational practices: disrupting repetition of history through reworking and supplementing discourse.

2.3.2 Beckett's Anti-Oppressive Pedagogy

Angharad Beckett (2015) thoroughly expands on Kumashiro's (2000) original ideas in specific relation to a DS discourse, outlining and critically analysing three possible pedagogies for teaching about disability as a form of oppression, suggesting that 'serious' and 'systemic' disability discrimination unfortunately continues to provide a powerful justification of the need for a disability-focused anti-oppressive pedagogy. Beckett has been an advocate and ambassador for such anti-oppressive pedagogy for school aged children in the UK (Beckett and Bruckner, 2012; Beckett, 2006, 2009, 2013, 2015). An original dimension of this thesis is its extension of the application of this important work into the HE sector.

2.4 Conclusion

In summary, this thesis presents a range of consciousness raising (Young, 1990, 2011) activities in HE. This challenges Freire's (1974, 2016) suggestion that only the oppressed can actualise their liberation, by moving the burden of change away from disabled students (Woods, 2017; Osborne, 2019). CDS (Goodley, 2012; Shildrick, 2020) is utilised as a theoretical, philosophical and methodological framework to raise consciousness of issues of inequity and ableism, in a call to action to all

stakeholders in HE, through a social connection model of responsibility (Young, 2006).

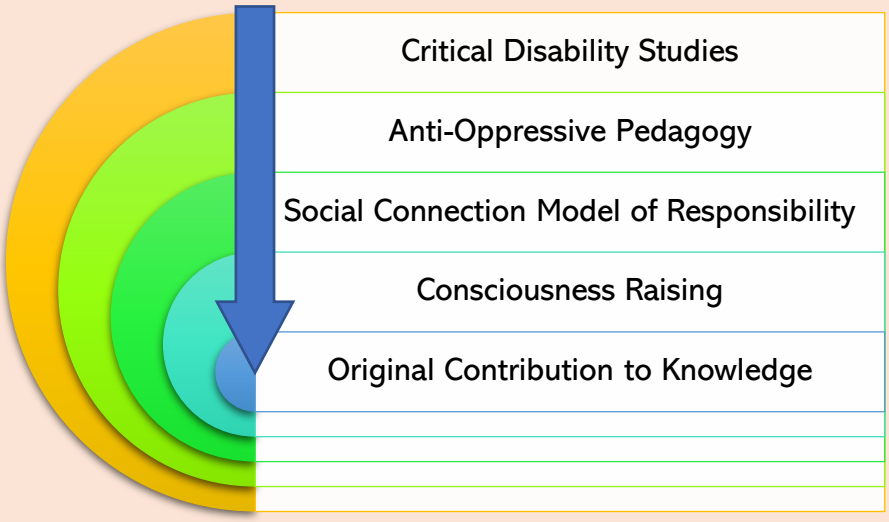

Figure 7 – Relationship Between Theoretical Perspectives, Leading to Original Contribution to Knowledge

Chapter 3 - Summary of the Aims, Objectives, Results and Conclusion of Each Project

This chapter will present an overview of the aims, objectives and outcomes of the outputs comprised in each project and will discuss how the theoretical perspectives outlined in Chapter 2 are embedded within and surface through each project. Figure 8 illustrates how the three projects can be understood in relation to each other.

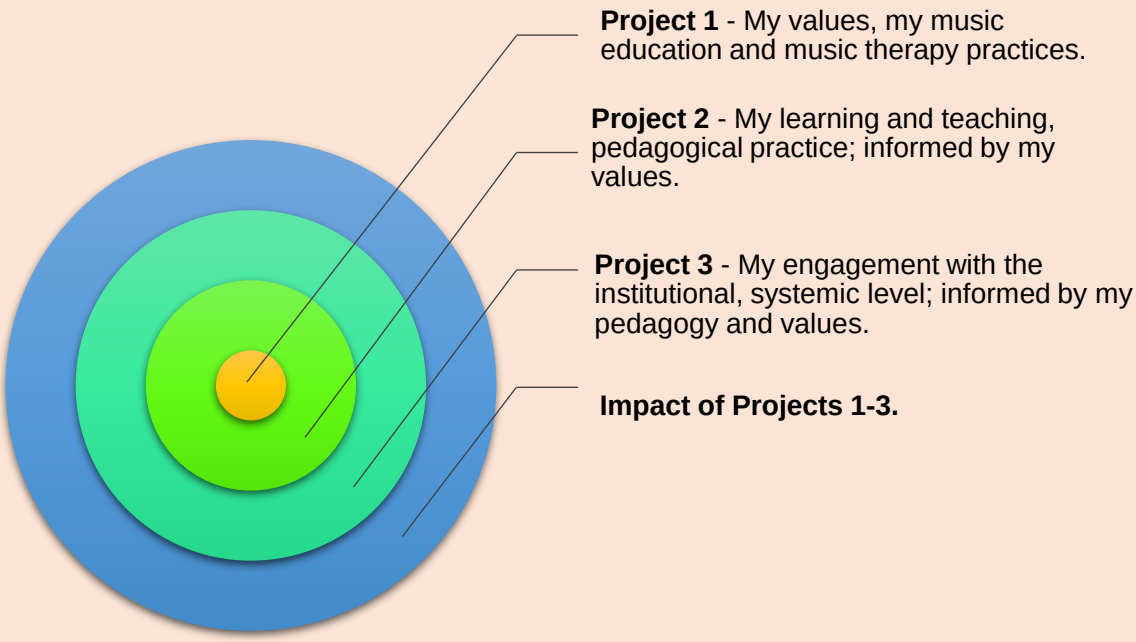

Figure 8 – Illustration of how Projects 1-3 are interrelated

Appendix 2 demonstrates the breadth of media and audiences that the various outputs throughout each project engage with, giving an overview of the diversity and reach of outputs.

3.1 Project 1, Music Education, Music Therapy and the Social Construction of Disability

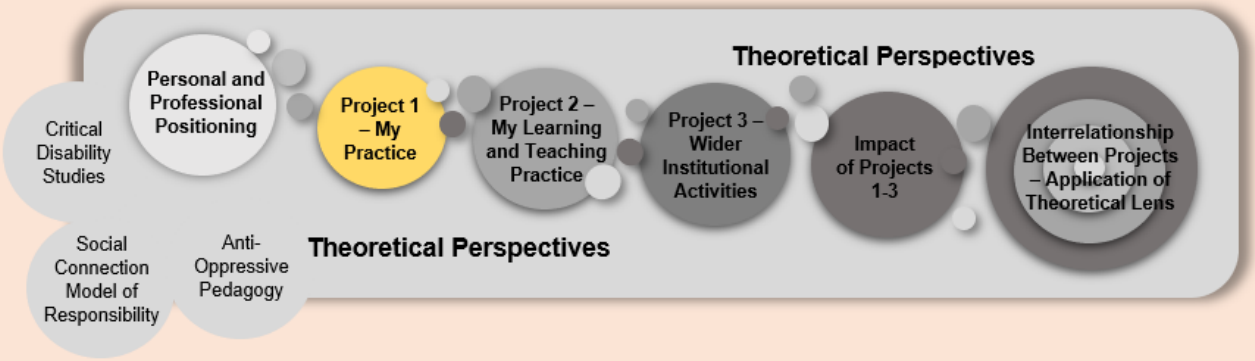

Figure 9 – Project 1, My Values and Practices

This project represents the nucleus of my approach as a practitioner, as suggested in Figure 8. Shaped by the personal and professional positioning discussed in Chapter 1.1 and the theoretical perspectives discussed in Chapter 2, the outputs in Project 1 represent my values as a music educator and music therapist who believes in the social construction of disability (Rapley, 2010).

In providing a specific context in relation to the practice of music therapy, Carl Rogers' (1951) Person-Centred Approach is a constructive vehicle for understanding the music therapy approach in relation to disability. Rogers believed in "the innate capacity of each person to reach towards full potential if given a safe, person-centred environment for growth" (Rogers 2013, p. 240). While Rogers never explicitly wrote about disability or discussed working with disabled clients (Prouty, Van Werde and Pörtner, 2002), his affirmative approach is inherently inclusive, recognising the potential of each individual for self-actualisation and arguably acknowledging that barriers to growth may be either individual or societal. The person-centred approach is discussed and critiqued further in Appendix 6.

This philosophy aligns well with an Interactional or Relational Model of Disability (Fougeyrollas *et al.,* 2019) which understands disability as a poor fit between the physical, cognitive or emotional characteristics of a given individual and the characteristics of their social context (Houting, 2019, p. 271). Iannacci (2018) discusses these ideas further in an educational context, citing Dudley-Marling's (2004, p. 489) assertion that "no student can have learning disabilities on his or her own. It takes a complex system of interactions performed in just the right way, at the right time, on the stage we call school". This belief in the role of the practitioner and system in enabling or disabling the musician is apparent in each of the outputs, particularly Appendix 5.

Overall, this project represents the culmination of my research and practice as practitioner working through the medium of music with disabled children, young people and adults across the spectrum of music education, therapeutic music and music therapy.

Table 1 – Outputs Included in Project 1

Title	Date	Role	Contribution	Format	Appendix
A Framework for Mediating Medical and Social Models of Disability in Instrumental Tuition for Children with Down's Syndrome	2019	100%	Sole Author	International, peer-reviewed journal article in *Research Studies in Music Education.*	5
Valuing Neurodiversity: A humanistic, non-normative model of music therapy exploring Rogers' Person-centred Approach with young adults with autism spectrum conditions	2019	100%	Sole Author	Book Chapter in Edited Jessica Kingsley Publication: *Music Therapy and Autism Across the Lifespan, A Spectrum of Approaches* (Dunn *et al.,* 2019).	6
"It's Not *What's* Done, But *Why* It's Done": Music Therapists' Understanding of Normalisation, Maximisation and the Neurodiversity Movement	2020	40%	Lead author, collaborator in researching, planning, and development	Under review with international, peer-reviewed, open access journal: *Voices, A World Forum for Music Therapy.*	7
Construction of Normalcy and Diversity in Music Therapy Theory and Practice	2018	100%	Sole author and presenter	National, peer-reviewed conference presentation at Lancaster University Disability Studies Conference.	8
A Critical Reflection on the HCPC Standards of Proficiency for Arts Therapists: A Critical Disability Studies Perspective	2020	100%	Sole author	International, peer-reviewed journal article for the *British Journal of Music Therapy.*	9

This project contributes to consciousness raising in a deliberate and specific way: by contextualising and disseminating practices which affirm a positive interpretation of disabled participants, in music education and music therapy. This project advocates for asset-oriented interpretations of disability (Swain and French, 2008; Heydon and Iannacci, 2008; Iannacci, 2018), enabling those who may not have the opportunity or capacity to self-advocate to be represented and considered positively and respectfully in language and discourse (Hehir, 2002; Bolt, 2019; Strnadová and Nind, 2020). Concurrently, this project seeks to invite practitioners to critically examine the existing discourse around disability and the arts (Goodley and Moore, 2014; Penketh, 2016a) and to challenge assumptions and prejudice about disability as deficit. Alternative approaches to music education and music therapy practice are proposed, innovatively introducing CDS perspectives to these disciplines.

A further commonality between these outputs is a commitment to positioning the work in relation to CDS but to publish beyond DS/CDS publications[8]. This enables consciousness raising (Young, 1990, 2011) within the dominant discourse of the disciplines, and introduces these lesser known perspectives to the wider professions.

The burden of responsibility for enabling inclusivity and access is firmly placed upon the shoulders of the practitioner in this project. This invites practitioners to take responsibility for acknowledging and challenging deficit-based discourses which position musicians or participants as Other, and calls to action a forward-looking shift in practice, through a social connection model of responsibility (Young, 2006).

[8] The exception is Appendix 8, which was shared at a DS/CDS specific conference in order to inform its development and evolution with insights from the DS/CDS community, culminating in Appendix 9 published in an eminent music therapy journal.

The aspiration of consciousness raising is largely achieved through what Ansdell (2001) terms the music therapist's dilemma. This refers to the challenge of translating non-verbal practice into a coherent, representative verbal form. Ansdell (2001) acknowledges that in this translation, the constraints or connotations of language may shift and cloud the intentionality of practice. The outputs in Project 1 have been overtly and consciously framed from a CDS perspective, inviting the reader to join the author in framing and considering the non-verbal practices from this vantage point.

Appendix 5 is a culmination of several years of practice in developing accessible instrumental provision for musicians who have Down's Syndrome. This publication consolidates much of my research from working in special and mainstream education; teaching piano, flute and general musicianship; the beginning stages of my training as a music therapist; and my personal positioning as a sibling and ally. This was an important publication in my professional development, since I am passionate to advocate that musicians with learning disabilities are entitled to music education, and that any musical activity shouldn't necessarily be framed as therapy (Goodley and Moore, 2003; Ockelford *et al.,* 2005; Taylor, 2005; Brandon and Elliott, 2008; Ockelford, 2008, 2013, 2015; Solvang, 2018). This is also a distinct focus from the curriculum discussed in Project 2, which explores inclusive arts (as defined by Fox and Macpherson, 2015) and disability arts (Goodley and Moore, 2003; Masefield, 2006). Appendix 5 is firmly situated within music education and asserts the rights of disabled pupils to accessible and meaningful provision (Article 24, CRPD, UN, 2008, p. 16-18).

Appendix 6 brings a CDS lens to music therapy practice, framing two case studies in relation to the Neurodiversity Movement (Singer, 1999, 2016). This book chapter

also draws from therapeutic theory including Rogers' (1951, 1957) person-centred approach and Prouty's pre-therapy (Prouty, Van Werde and Pörtner, 2002; Prouty, 2005) to demonstrate how a CDS position can complement and challenge existing therapeutic philosophy. This is a unique position within this edited collection, and further evidences an original contribution to knowledge.

Appendix 7 is a position paper published by an international peer-reviewed, open access music therapy journal, which is collaboratively authored with a collective of international colleagues. This output is the culmination of many other shared endeavours (see Appendix 4) and is intended to be a respectful yet rigorous call to action to music therapists to re-evaluate their intentionality in therapeutic practice in relation to neurodivergence. This paper is the most significant example in the portfolio of my understanding of the potential to use my privilege and commitment to allyship to prioritise and give voice to the work of marginalised communities. As such, there is a distinct commitment throughout to citing neurodivergent voices and to acknowledging explicitly our positioning and privilege as authors. This is intended to deeply consider Barton's (1994) questions to non-disabled researchers and to challenge practitioners' practical consciousness (Giddens, 1984; Young, 1990, 2011). As the most recent publication in the portfolio, this is the apotheosis of my commitment to this position.

Appendices 8-9 are an application of a CDS perspective to the Health and Care Professions Council's (HCPC) Standards of Proficiency (SoPs) (HCPC, 2013), to which all registered music therapists in the UK must comply. These outputs invite reflection upon arts therapists' understanding and conceptualisation of diversity, in light of many statements which overtly focus on a deficit-model, and through a lack of explicit acknowledgement of the potential to understand neurodivergence as a

cultural phenomenon (Gottschewski, 2019; Davies, 2020; Ought, 2020). While Appendix 9 is published in a peer-reviewed music therapy journal, Appendix 8 was an important precursor to this output, presented to the CDS community at the prestigious Lancaster University DS Conference in 2018. This was a pivotal opportunity to present a music therapy position to the DS/CDS community (see Appendix 2 for a summary of the audience of each output), and to receive feedback. This engagement was an important step in the development of this work and in my own understanding. It is further proposed that these outputs are a concrete example of consciousness raising (Young, 1990, 2011), through bringing aspects of professional documentation which are incongruent with the Social Model of Disability and Neurodiversity Movement to the attention and discursive consciousness of practitioners. Appendix 4 shows how this work has been further disseminated to various other professional networks to widen its impact and reach.

In summary, this project reports on largely non-verbal, musical practices with a range of participants who experience disablement. Through its translation to the privileged, written form (Hehir, 2002; Bolt, 2019), this project utilises this privilege to highlight matters of social injustice and advocates for increasingly informed, considered positions in the professions of music education and music therapy.

3.2 Project 2, Learning and Teaching Practice, Curriculum Development and Pedagogy

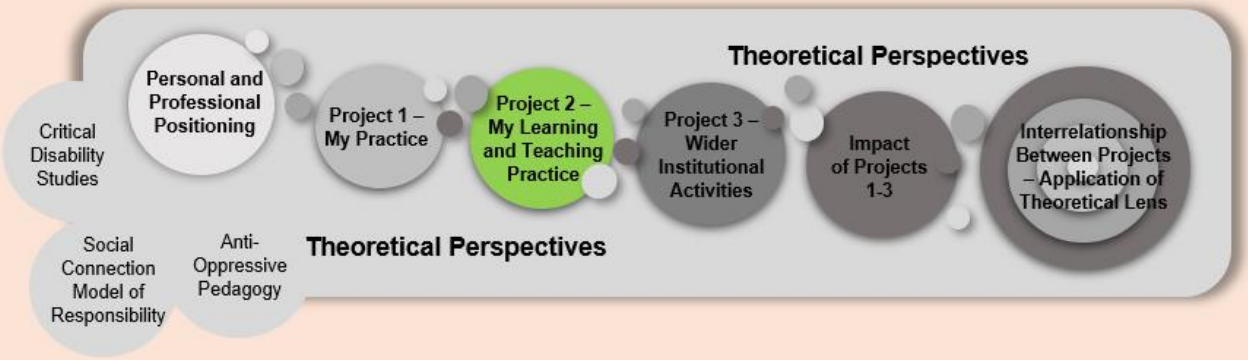

Figure 10 – Project 2, My Learning and Teaching Practice

This project demonstrates how the values outlined in Project 1 have informed my pedagogical approach to curriculum design and scholarship of learning and teaching. This project includes pedagogical research which explores the process of effectively applying these values in academia. The context of this project is my role as a Senior Lecturer and Course Leader for the Creative and Therapeutic Arts (CTA) undergraduate degree at the University of South Wales. While I also contribute to several other programmes, including Music Therapy, Art Psychotherapy, Counselling, Autism Studies, Psychology, Early Years Education and Nursing, Project 2 primarily focuses on my role with the CTA programme.

Table 2 – Outputs Included in Project 2

Title	Date	Role	Contribution	Format	Appendix
Critical Review of the Creative and Therapeutic Arts degree programme	2018	100%	Author; convenor of focus groups with course team, students, colleagues, stakeholders; critical review of literature.	Unpublished, formal university document. *Summary presented; full document available on request.*	10
Revalidation Document for Creative and Therapeutic Arts degree programme	2018	100%	Author; convenor of focus groups with course team, students, colleagues, stakeholders; critical review of literature.	Unpublished, formal university document. *Summary presented; full document available on request.*	11
The Process, Challenges and Opportunities of Developing an Undergraduate Curriculum in Creative and Therapeutic Arts	2020	100%	Sole author, summary of process involved in curriculum revalidation activity, critical review of literature, discussion of new curriculum.	International, peer-reviewed journal article for *International Journal of Art and Design Education.*	12
Social Construction of Disability: Parallel Process in Arts Therapies Education and Practice	2018	100%	Sole author and presenter.	National, peer-reviewed conference presentation at Annual UK Council for Graduate Education (UKCGE) Conference.	13

Title	Date	Role	Contribution	Format	Appendix
***Vaguely Artistic*: Disabled Musicians as Experts in an Inclusive Community Music Project in Higher Education, from a Social Confluence Perspective**	2018	50%	Collaborative author and presenter; lead on initiating submission, developing abstract, poster content and design; lead author of literature review content and summary. Collaboration with graduate.	National, peer-reviewed conference presentation at University of Leeds 'Cripping the Muse' Music and Disability Studies summit.	14
Undergraduate Creative Arts Students' Perceptions and Attitudes Toward Disability: Advancing a Critical Disability Studies Curriculum	Forth-coming	100%	Sole author, literature review, data collection and analysis, reporting on research conducted.	Under review with international, peer-reviewed journal *Art, Design and Communication in Higher Education.*	15
Collective Responsibility for Notetaking in Higher Education: Unanticipated Outcomes from a Pedagogical Research Project	2020	100%	Sole author, literature review, data collection and analysis, reporting on research conducted.	International, peer-reviewed, open access journal article for *International Journal of Technology and Inclusive Education.*	16

This project developed from the revalidation of the CTA curriculum (Appendices 10-12). While the routine and systematic revalidation process is a required dimension of any quality-assured degree programme (QAA, 2018), there were wider aims and benefits to conducting this large piece of work. The revalidation activity provided opportunity to thoroughly evaluate the existing curriculum and its impact, as well as providing a welcome opportunity to develop and shape the course as Course Leader in line with my own values, outlined in Project 1. The first step in the systematic revalidation process was to conduct a Critical Review of the CTA course (Appendix 10). This Critical Review incorporated a range of methodologies including a critical analysis of relevant literature, a collation of evaluative documentation for the preceding five years of the course and modular delivery, critical analysis of relevant professional documentation, a series of focus groups with students, a mixed methods survey for employers and professional partners, and a participatory workshop with a cross-section of stakeholders. Through this process, a holistic picture was established of the intentions and achievements of the outgoing curriculum. This created opportunity to innovate the programme in response to stakeholder feedback, the contemporary context, advances in the field, and my own vision as Course Leader.

The subject area of the programme is uncommon in the HE sector, with the majority of professional development provided for Creative Arts Practitioners in practice (Moss and O'Neil, 2009; Price, 2010; Buttrick, 2012; Low and Mayo, 2013; Burns, 2014). As such, there was not a strict QAA benchmark statement to draw from, although the statement for Art and Design (QAA, 2017) was duly considered. There was flexibility in developing an informed, robust curriculum to nurture future generations of Creative Arts Practitioners. The lack of an existing university

education in this field is partially explained by a caution among practitioners who fear:

> [There is a] danger of creating a curriculum for working in participatory settings which could potentially stifle creativity, diversity and the ability of artists to respond to the specific context of the setting that they are working within.
>
> (Taylor, 2013, p. 21)

The development of the curriculum therefore had to be sensitive to these hesitations, and consider other perspectives from practitioners:

- Moss and O'Neill's (2009) call for a healthy relationship between arts and health education and arts therapies;
- Price (2010, p. 335) emphasises practitioners having "a say in the future development of the movement… for the communities whom we… serve", suggesting partnership working with community partners and participants is important;
- Burns (2014) emphasises the need for both formal and informal learning opportunities which are experiential and situated in practice;
- Swindells *et al.* (2016) discuss that participatory arts practice is often defined by what it is *not*, suggesting that there is a need for a clear articulation of the practice and its intentions.

Informed by my own values, one of my initial priorities was to introduce a CDS dimension into the participatory arts curriculum and to ensure disabled stakeholders were part of this process (Greenstein *et al.,* 2015). This idea is advocated by a small

number of research papers and book chapters which have explored the application of DS/CDS lenses in Art Education through individual projects, modules, or exhibitions (Matthews, 2010; Derby, 2011, 2012, 2015; Osborne, Luby and Fogarty, 2014; Keifer-Boyd *et al.,* 2018; Penketh, 2014, 2016a, 2016b, 2017a, 2017b, 2020; Appendix 15). While there are degree programmes which centre around DS (Race, 2002; Boxall, Carson and Docherty, 2004; Greenstein *et al.,* 2015), embedding this content through the Creative and Therapeutic Arts curriculum is an example of originality in curriculum design.

In exemplifying the close alignment between Projects 1 and 2, the following quotation by Laes and Westerlund (2018, p. 34) has been highly influential, particularly in developing the revalidated CTA curriculum (Appendix 11):

> Through teaching *with*, and *by*, rather than *about* [disability], we in music education may move beyond normalizing understandings and practices of inclusion, towards an expanded notion of professionalism.

This core belief in how we teach students to engage with the concept of disability is applied, examined and further discussed in an article under peer-review, in Appendix 15; but permeates all of Project 2.

Beckett (2015) proposes that a collaborative venture between disabled people, their organisations and academics to conceptualise, operationalise and trial new pedagogies is the most obvious application of anti-oppressive pedagogy through a disability lens. While the outputs here are not necessarily co-authored with disabled contributors, the intention of the pedagogical approach has been to highly value and privilege disabled voices in the development, design and delivery of the curriculum and in the construction of students' knowledge (Greenstein *et al.,* 2015).

There were several pedagogical influences on the development of this curriculum. Kleiman's (2009) Design for Learning framework (Figure 11) was particularly influential, enabling fundamental aspects of creativity and design, relevant to the subject area, to permeate the curriculum design process.

Good design:

- Is innovative,
- Enhances the usefulness of the product,
- Is aesthetic,
- Displays the logical structure of a product: its form follows its function,
- Is unobtrusive,
- Is honest,
- Is enduring,
- Is consistent, right down to the details,
- Is ecologically conscious,
- Is minimal design.

Figure 11 – Kleiman's (2009) Design for Learning Principles

This subject specific perspective was particularly important for me as a musician and music therapist, constructing a visual, participatory arts curriculum. This subject-specific pedagogical tool enabled me to embody principles of design practice, and to develop a shared language with my visual arts colleagues. Kleiman's (2009) alignment between design principles and pedagogy provided an innovative opportunity to think creatively about the scholarship of learning and teaching, and was a powerful tool for recruiting the critical investment of the course team. Aspects of Kleiman's (2009) principles were highlighted by the revalidation panel as examples of good practice (Appendix 40), including the course's commitment to ecologically conscious and sustainable provision. The Spiral Curriculum (Bruner, 1960) streamlines ('minimal design', Kleiman, 2009) and scaffolds students' learning

in such a way that they embody the role of Creative Arts Practitioners from the outset of their studies (‘logical structure’, ‘enhances usefulness’, Kleiman, 2009) through the process of iteratively revisiting subject matter in greater levels of complexity as the course progresses.

Further pedagogical influences include a commitment to working with students as partners (Cook-Sather, Bovill and Felten, 2014; Tong, 2018) to evaluate and redesign the curriculum. An embodiment of Kolb’s (1984) Experiential Learning Cycle ensures students have concrete experiences upon which to build and refine their knowledge and understanding. Biggs and Tang’s (2011) ideology of constructive alignment also mapped well against the curriculum’s intention to nurture a climate for learning opportunities to arise.

Arguably one of the dominant drivers of the curriculum design process was an overt commitment to Universal Design for Learning (UDL) (Bracken and Novak, 2019; Martin *et al.,* 2019) and thus an aspiration to design an accessible curriculum from the outset. This relates to the breadth of assessment types and the extent of experiential and work-based learning, recognising a strength-based interpretation of neurodivergence (Eide and Eide, 2001; Fitzwater, 2018) through a range of opportunities for visual and practical engagement with learning (Roberts, 2018), challenging logocentrism: the ableist privileging of the written form, which is prevalent and persistent in academia (Dolmage, 2017, Bolt, 2019).

Appendices 10-12 embody Kumashiro’s (2000) second typology: Education *About the Other*, through explicit discussion of Othering within the curriculum and through integrating Otherness within the curriculum. This was achieved by prioritising the knowledge, voices and art works of disabled activists, artists and scholars,

emphasising that Other ways of being are “as normal as the normative ways of being” (Kumashiro, 2000, p. 33). In addition to amplifying marginalised voices and addressing problematic partial knowledge, this typology also disrupts and problematises existing knowledge and dominant discourses (Penketh, 2016a), with potential for observable gains in pedagogic practice in the process (Penketh, 2020).

Appendices 14-15 are examples of pedagogical projects which exemplify the consciousness raising approach. In both examples, the CDS-informed curriculum privileges voices of disabled artists and experts by experience in the choices of literature explored and experiential learning context provided. Students learn from disabled participants in the community, advocating affirmation of a positive, expert identity. Through Lubet’s (2014) notion of social confluence, disabled musicians, pupils and actors are met as teachers and experts.

Appendix 16 challenges the deficit-based identity of disabled students at the institution by offering an alternative provision through inviting a cohort to develop a note-taking community. This was intended to diminish reliance on specialist support often inaccessible in the first term of study and to enable graduates to become moral, inclusive citizens. The outcomes of the research exemplify Young’s (1990, p. 155) point that “a strategy of consciousness raising presumes that those participating already understand something about how interactive dynamics and cultural imagery perpetuate oppression, and are committed to social justice enough to want to change them”. It emerged that the cohort did not have this basic knowledge and commitment to social justice in their first term of study, and that there were further elements of anti-oppressive pedagogy necessary to explore before this approach could be fully adopted: namely Education *About the Other* (Kumashiro, 2000).

Having established the central influences and intentions of my own practices in Project 1, this project was an opportunity to apply these values to pedagogical practice. While Project 1 sought to challenge deficit-based provision in music education and music therapy through a paradigm shift in practice and dissemination, Project 2 seeks to affect change through the education of the next generation of practitioners. Young (1990, p. 39) proposes:

> A major political project for those of us who identify with at least one of these movements must thus be to persuade people that the discourse of oppression makes sense of much of our social experience.

This has been the endeavour of a CDS-informed curriculum: to enable students to consider the relevance of this discourse to their own experience of privilege and oppression, achieving Freire's (1974, 2016) goal of 'conscientization'. Appendix 23 includes testimonies from a range of students and graduates who attest the impact that this curriculum had on them in both personal and professional contexts, enabling a proliferation of consciousness raising through graduates' networks and future practices.

While Kumashiro (2000) and Beckett's (2015) Education *About the Other* can be a powerful tool for consciousness raising with students, it is acknowledged that this approach could be problematic in engaging a wider network at the institution to discuss systemic oppression. Using this typology of Education *About the Other* (Kumashiro, 2000) in a wider institutional context can present a "sentimentalised narrative about the Other's experience" (Beckett, 2015, p. 80), deflecting attention from social injustice and potentially offering a consumable or disposable narrative that may thus be ineffective (Zembylas, 2009). While Kumashiro (2000) proposes

that if individuals know more, they are less likely to oppress the Other and one another, Young (1990, p. 41) disputes this, taking a systemic perspective:

> [Oppression]'s causes are embedded in unquestioned norms, habits and symbols, in the assumptions of underlying institutional rules and the collective consequences of following these rules […] Oppression refers to the vast and deep injustices some groups suffer as a consequence of often unconscious assumptions and reactions of well-meaning people in ordinary interactions, media and cultural stereotypes, and structural features of bureaucratic hierarchies and market mechanisms – in short, the normal processes of everyday life […] We cannot eliminate this structural oppression by getting rid of the rulers or making some new laws, because oppressions are systematically reproduced in major economic, political and cultural institutions.

Appendix 15 provided valuable insights into the exact positioning of this dimension of the curriculum, affirming that undergraduate students held largely deficit-based understandings of disability upon enrolment. While students were arguably committed to social justice by enrolment on a programme which held this as a primary agenda, students did not have sufficient understanding of oppression and needed further exposure to Kumashiro's (2000) initial typologies before they were in a position to engage with Education *That is Critical of Privileging and Othering.* This has been a valuable insight, enabling deeper understanding of the implications of the curriculum proposed in Appendix 11 and highlighting areas in need of refinement and continued development.

3.3 Project 3, Engagement with the Wider University Community

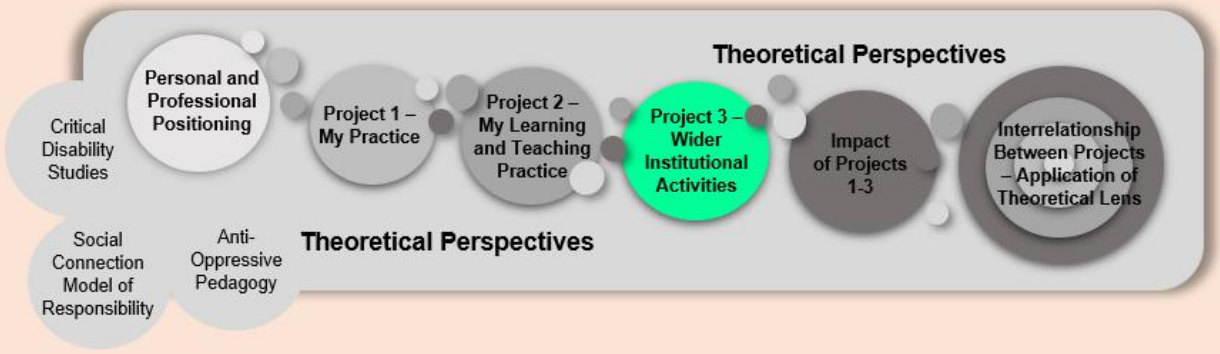

Figure 12 – Project 3, Engagement with the Wider University Community

Having demonstrated how my values have developed from my own positioning and experience (Chapter 1.1), to my research and practice (Chapter 3.1), and to my scholarship of learning and teaching (Chapter 3.2), this third project seeks to demonstrate how this approach has further extended beyond my immediate teaching responsibilities, to the wider university community and institutional culture. Examples of consciousness raising are included from high level academic committees, to engagement with colleagues in the Disability Service, to engagement with public-facing informational and marketing materials, as well as through engagement with disabled students.

The initial outputs in this project relate to the creation of an accessible infographic (Appendix 17) which was developed in response to student voice which identified that students were confused by the process involved in accessing the Disability Service. This lack of clarity was posing a barrier to accessing provision, and was impacting student experience, academic progression and wellbeing. As such, in collaboration with a group of disabled students, myself and the manager of the Disability Service developed an accessible infographic which could be used to raise

awareness, share information, facilitate conversations, provide visual markers and outline next steps. Having created and disseminated the infographic throughout the university (see Impact Statement in Appendix 28), a national peer-reviewed, open access journal article was published to share this approach with the wider sector (Appendix 18).

The second series of outputs relate to original research conducted as part of this PhD study, which analysed all nine Welsh' universities' Disability Service (or equivalent) webpages to surface their implicit portrayal of disability. As Young (1990, 2011) asserts, at a level of discursive consciousness, colleagues are often committed to inclusion, and can discuss legislation and policy of relevance to this commitment. However, at a level of practical consciousness which is more tacit and implicit, ableism is still prevalent and entrenched, arguably even more deeply than sexism and racism (Derby, 2016; Baglieri and Lalvani, 2019). In an act of consciousness raising, this research sought to surface these ableist attitudes to a level of discursive consciousness to be able to affect critical reflection and change through a call to action in line with the social connection model of responsibility (Young, 2006).

The final series of outputs relate to an invited provocation delivered to the university's Learning and Teaching Enhancement Committee (LTEC), in my role as a National Teaching Fellow (NTF) (Appendix 23). In being recruited to the committee due to my NTF, I was initially unclear on my own role and the role of the committee. As part of a series of activities to resolve this confusion, a provocation was delivered to the membership, representing all faculties, professional services, Centre for Enhancement of Learning and Teaching (CELT) and senior leadership (Appendix 21). As part of the impact of this provocation, an invitation was extended from Heads

of Learning, Teaching and Student Experience (HoLTSE) of two Faculty Learning and Teaching Enhancement Committees (FLTEC) to develop and further disseminate this work (Appendix 30). This enabled the provocation to be shared with colleagues at faculty-level to promote discussion, critical reflection and ideally a paradigm shift within this community (Appendix 22). As a result of these provocations, non-compliance with the Equality Act (2010) is being considered for escalation to the institutional level risk register and has been highlighted in the most recent iteration of the university's Strategic Equality Plan (USW, 2020). This highlights the importance of openly discussing these issues, and the potential for colleagues to move between practical and discursive consciousness. In response to the Strategic Equality Plan (USW, 2020), to which my research contributed, a programme of work is also being developed through the reconfiguration of LTEC in the next academic year, with Universal Design for Learning (UDL) and General Duty and Compliance as central tenets of the committee's remit moving forward (Appendix 24).

Table 3 – Outputs Included in Project 3

Title	Date	Role	Contribution	Format	Appendix
Disability Service: The Process for Exploring Support	2018	50%	Lead on student consultation, collaborative development of infographic content, layout and dissemination	USW Disability Service infographic, published on USW Disability Service webpage and disseminated across campus.	17
Demystifying the Process of Engaging with the Disability and Dyslexia Service in Higher Education	2019	100%	Sole author, reporting on rationale, creation and dissemination of infographic	National, peer-reviewed, open access journal article for NADP *Journal of Inclusive Practice in Further and Higher Education.*	18
How is Disability Portrayed Through Welsh Universities' Disability Service Web Pages? A Critical Disability Studies Perspective.	2020	100%	Sole author of research report and presentation summarising research findings for USW Equality and Diversity Steering Group	Research report and presentation to USW Equality and Diversity Steering Group.	19
How is Disability Portrayed Through Welsh Universities' Disability Service Web Pages? A Critical Disability Studies Perspective.	In Press	100%	Sole author of research report, including conception, execution and reporting of qualitative content analysis	International, peer-reviewed, open access journal article for *Learning and Teaching in Social Sciences* (LATISS).	20

Title	Date	Role	Contribution	Format	Appendix
Provocation for USW Learning and Teaching Enhancement Committee: A Critical Disability Studies Perspective.	2020	100%	Sole author, invited contribution curating primary and secondary research and facilitating discussion.	Provocation to University of South Wales Learning and Teaching Enhancement Committee.	21
Provocation on Inclusivity in Higher Education: A Critical Disability Studies Perspective.	2020	100%	Sole author, invited contribution curating primary and secondary research and facilitating discussion.	Provocation to University of South Wales Faculty Learning and Teaching Enhancement Committees (Faculty of Computer Engineering and Science, FCES, and Faculty of Business and Society, FBS).	22

It could be argued that the outputs in this project seek to instigate what Young (1990, p. 152) terms a cultural revolution:

> Only changing the cultural habits themselves will change the oppressions they produce and reinforce, but change in cultural habits can occur only if individuals become aware of and change their individual habits.

These outputs seek to reach an institutional audience, promoting change on an individual and collective level: whether through a Disability Adviser explaining the steps involved in accessing their service in a more visual and accessible way; a marketing team considering the implicit meaning of the wording and imagery chosen on a public-facing web page; or a member of academic or non-academic staff considering their discursive and practical consciousness of difference, and how this impacts their practice. Bringing these individual reflections together through these activities will enable collective responsibility and affect change.

Young (1990, p. 30) argues that social structures and institutional contexts cannot be challenged unless social processes and "the unintended cumulative consequences of individual actions" are examined. Young (1990) further suggests that the notion of 'blame' is replaced with 'taking responsibility' when making the privileged or dominant group conscious of their oppressive potential in a shift from a liability model to a social connection model of responsibility (Young, 2006). Russell and Malhotra (2002) agree that erasing mistaken attitudes is not sufficient to challenge inequality and oppression, and that an alternative conceptualisation of difference is necessary. This project seeks to introduce and facilitate reflection upon this alternative conceptualisation of difference. This discussion becomes increasingly relevant at a

time of rich discussions in HE about privilege, oppression and systemic injustice in light of the Black Lives Matter Movement.

There are many movements within the HE sector to which this position aligns well, including an increased emphasis on UDL as a mechanism for equitable provision (Martin *et al.,* 2019), responding to a potential shift away from Disabled Students' Allowances (DSAs) funding individual, specialist provision. Under this revised model, responsibility for accessible provision lies more squarely with individual academics and other staff members as stakeholders within the institution, with the opportunity and function to enable access residing within their pedagogical decisions. Wray (2018, adapted from Rose, 2009) constructively represents this shift visually, in a pyramid model representing the acquisition of skills for providing inclusive provision. Figure 13 develops Wray's (2018) model, replacing the concept of skills with the concept of responsibility. The majority of responsibility for enabling access to education resides with academics and other staff in the greater, lower portion of the diagram, and only more specialist provision would be provided through the Disability Service, represented at the tip of the pyramid.

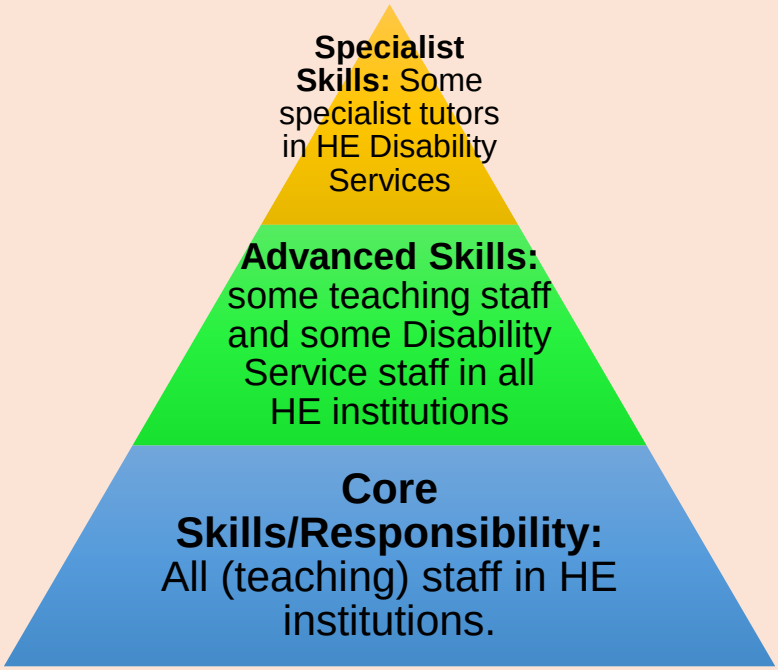

Figure 13 – Adapted from Wray (2018) to Illustrate Responsibility for the Majority of Accessible Provision Residing with Academic and Other Staff as Opposed to the Disability Service

While the resistant attitudes reported in Flaherty (2017) are not commonly published, they arguably remain prevalent in HE and were experienced through the activities involved in Appendices 21-22: an example of the resistance and contention discussed in Chapter 1.1. This ambivalence to providing equitable, accessible educational provision demonstrates that the liability model is arguably ineffective in enacting inclusive provision alone. The advent of a UDL model emphasises individuals' and institutions' responsibility for the accessibility of their provision (Martin *et al.,* 2019; Bracken and Novack, 2019), demonstrating potential for individual *and* collective responsibility through a social connection model of responsibility (Young, 2006) when coupled with the activities in this project. It is proposed that CDS-informed workshops, activities, art forms and research can

facilitate the shift of ableist perspectives from practical consciousness to discursive consciousness, enabling open discussion about challenges and solutions. The next steps in this research journey will be to apply this logic across the university and ideally, across the HE sector.

3.4 Impact of Projects 1-3

This section reports on the impact of Projects 1-3. A series of specific impact statements and other documentation have been curated to demonstrate the breadth of ways the portfolio has impacted practice in different contexts, disciplines and countries.

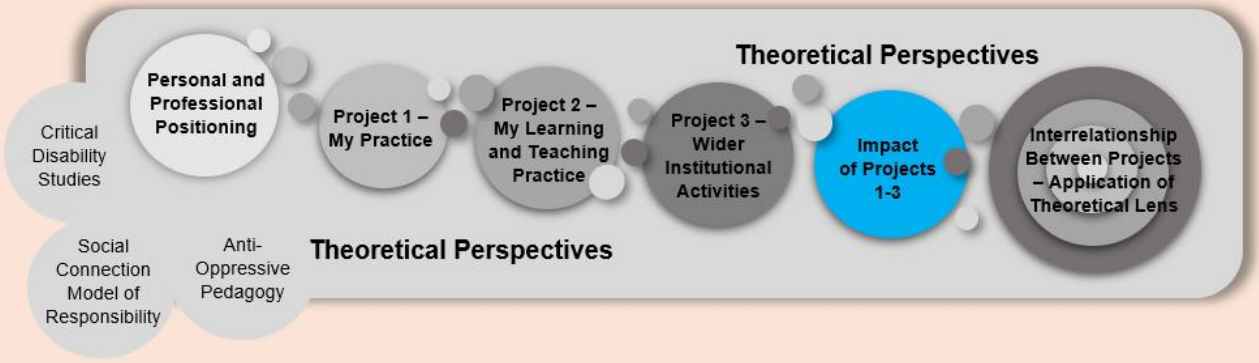

Figure 14 – Impact of Projects 1-3

Table 4 – Impact of Projects 1-3, Table of Evidence

Title	Author	Date	Format	Appendix
Advance HE, National Teaching Fellowship (NTF), Successful Claim	Beth Pickard, with input from colleagues, students, graduates.	2018	Advance HE NTF Claim, successful submission.	23
Impact Statement (relating to Appendices 21-23)	Dr. Clare Kell, Director of USW CELT	2020	Email statement	24
Impact Statement (relating to Appendix 5)	Dr. Grace Thompson, University of Melbourne, Australia	2020	Email statement	25
Impact Statement (relating to Appendix 6)	Dr. Gustavo Schulz, University of Aalborg, Denmark	2020	Email statement	26
Evidence of impact (relating to Appendix 16)	Scott Seldon, Manager of Note Taking Provision, USW	2019	Email communication	27
Impact Statement (relating to Appendices 17-18)	Sarah Page, Senior Disability Adviser, USW	2019	Email statement	28
Evidence of impact (relating to Appendix 4)	Rebecca Sayers, Music Therapist	2019	Email communication	29

Title	Author	Date	Format	Appendix
Evidence of impact of USW LTEC Provocation (relating to Appendix 21)	Dr. Karen Fitzgibbon and Rhian Kerton, USW	2020	Emails from two HoLTSEs.	30
Evidence of impact of RSME and DSA Journal Articles (Appendix 4-5) – parent and professional perspectives	Catherine Callen, Parent	2020	Email communication	31
	Rosie Rushton, Director *Melody Music Birmingham* (MMB) and Kate Valentine, Director *Special Virtuosi*, Manchester.	2020	Email statements	32
Evidence of Impact of Presentation to Equality and Diversity Steering Group (Appendix 19)	William Callaway, University Secretary and Clare Payton-Stagg, Equality and Diversity Manager, USW	2020	Email statements	33
Evidence of Impact in Challenging USW Graduate School's Existing Regulations	Elaine Huntley, Graduate School Manager, USW	2020	Email statement	34
Evidence of Impact of Presentation at British Association of Music Therapy (BAMT) Autism Network Event (Appendix 4)	Sue Roberts, USW graduate, teacher and music therapist	2020	Email statement	35

The statements in Table 4 evidence the local, national and international impact of the portfolio on practice, research and policy.

Figure 15 seeks to illustrate the complex web of networks *within* the institution, and the stakeholders who have been engaged in this consciousness raising activity. Young (1990, p. 39) notes:

> Justice should refer not only to distribution, but also to the institutional conditions necessary for the development and exercise of individual capacities and collective communication and co-operation.

Figure 15 demonstrates that by engaging with stakeholders at all levels within the university, a challenge is made to the distributive paradigm of justice, promoting social action to affect change at all levels. In addition, by engaging stakeholders in various positions, institutionalised power can be mediated by engaging those with potential to act as third agents in “executing the will of the powerful” (Young, 1990, p. 31).

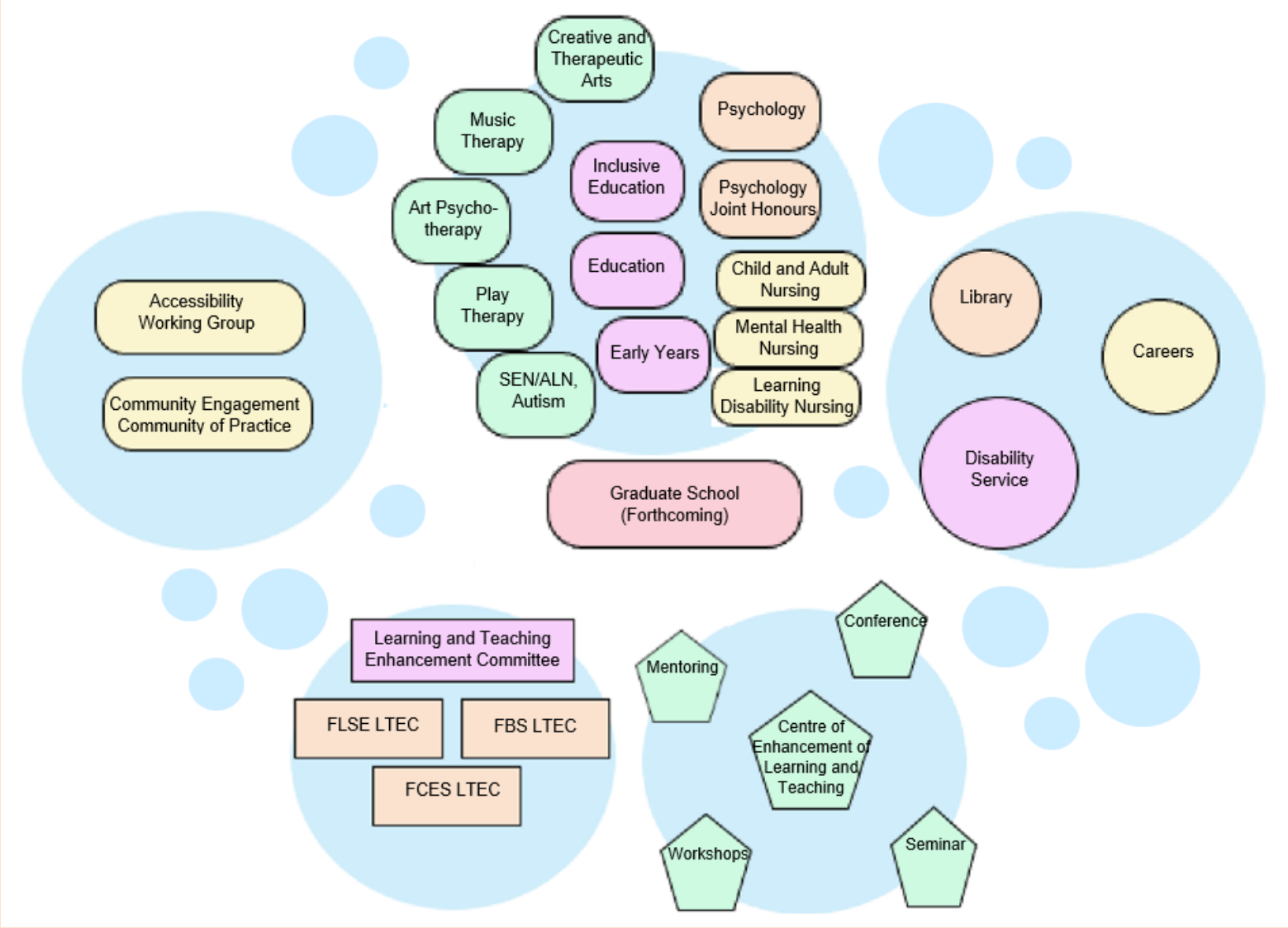

Figure 15 – Illustration of the USW Stakeholders Engaged in this PhD by Portfolio

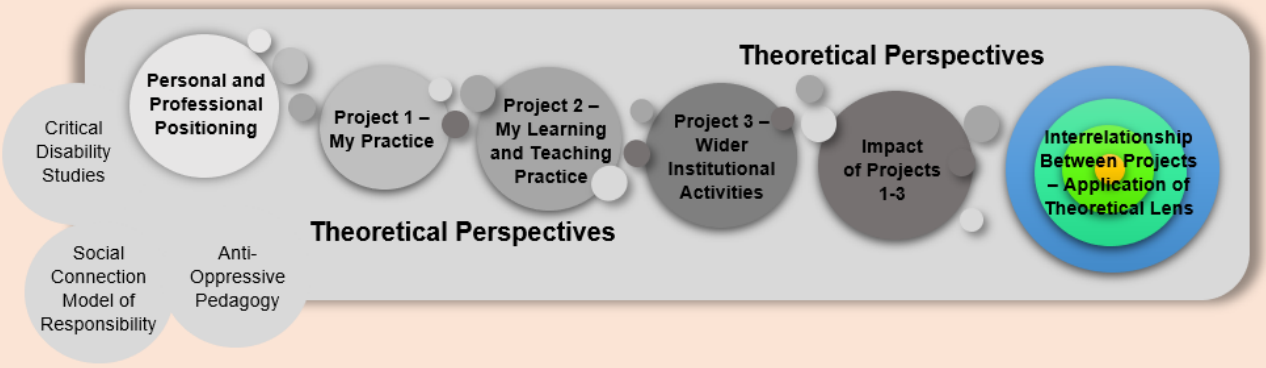

Figure 16 – Interrelationships Between Projects

In collating the outputs for this thesis, the interconnectedness of the processes and experiences were deeply considered. This chapter seeks to confirm that the thesis is the consolidation of the research and practice discussed in each discrete project and the interconnectedness between them. As noted in the discussion of each project, the trajectory of the thesis was neither chronological nor linear, and aspects were still developing throughout the writing process. This living, evolving model has led me to reflect on the utility of the visual framework in Figure 8 for critically reflecting upon the different layers and aspects of my role at the university.

4.1 My Journey

My journey through the thesis felt accumulative, in the sense that Project 1 built upon my personal and professional positioning and subsequently informed Project 2 which laid the foundations for Project 3. Having a static visual object of reference enabled me to reflect upon and evaluate the model from multiple vantage points. My journey

through the process could be visually represented through the purple arrow inserted in Figure 17:

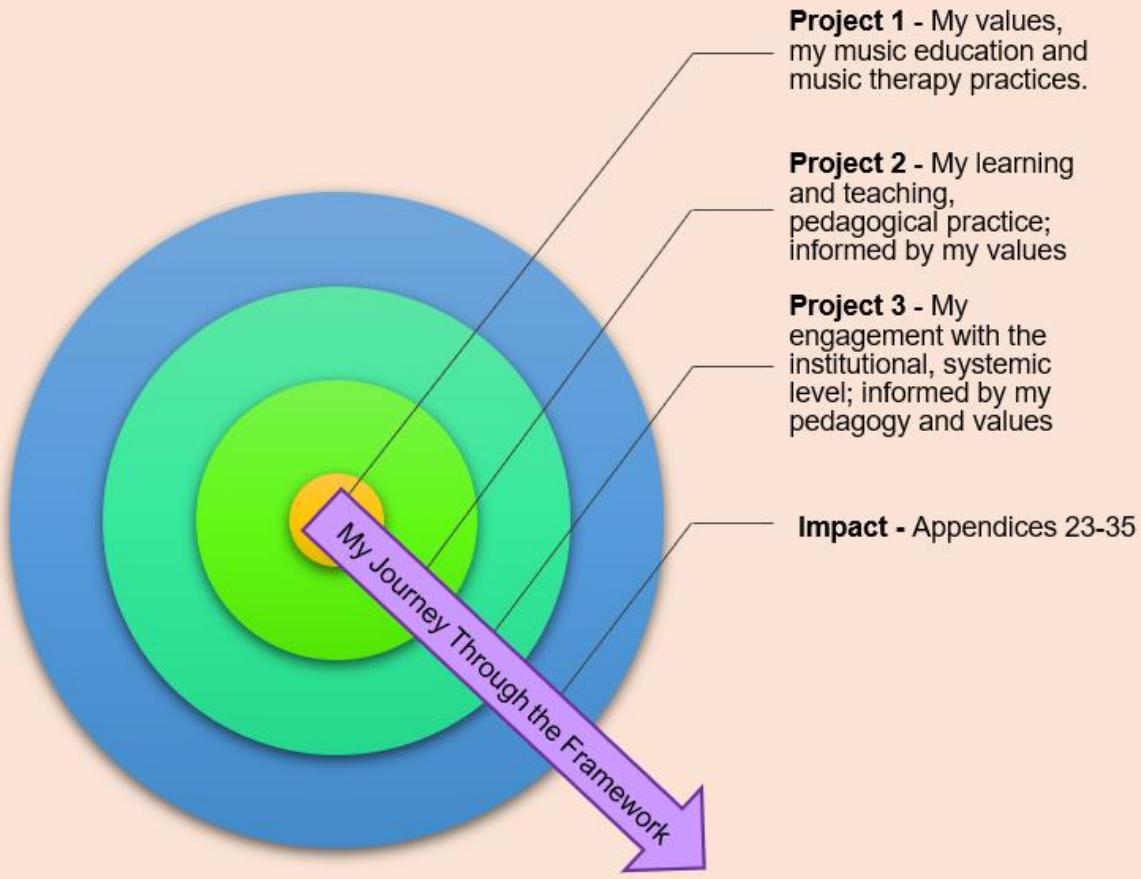

Figure 17 – My Journey Through the Visual Representation of the Thesis

4.2 Staff Journeys

In recognising my own path through this framework, I reflected on how the framework might be understood or experienced by others. When considering the experiences of other staff in HE, I recognised that their journeys may start at varying points across the framework, depending on their role, ethos, position, personal background and discipline. As is shown in Figure 18, I propose that some staff may

share a similar trajectory to my own: starting their careers as practitioners and utilising this experience as a platform upon which to develop a learning and teaching practice. Conversely, other staff may have started from a learning and teaching position and may or may not have deeply considered the relevance of their values to this work. As such, some staff's journey through academia may primarily exist within this concentric circle representing learning and teaching. Another possibility is that staff are recruited to work at the institutional level. This could be applied to positions in marketing, recruitment, professional services, administration and management. These roles may not involve learning and teaching explicitly and may be primarily shaped by the wider institutional agenda. Staff in these roles may or may not have considered how their own values engage with the institutional agenda.

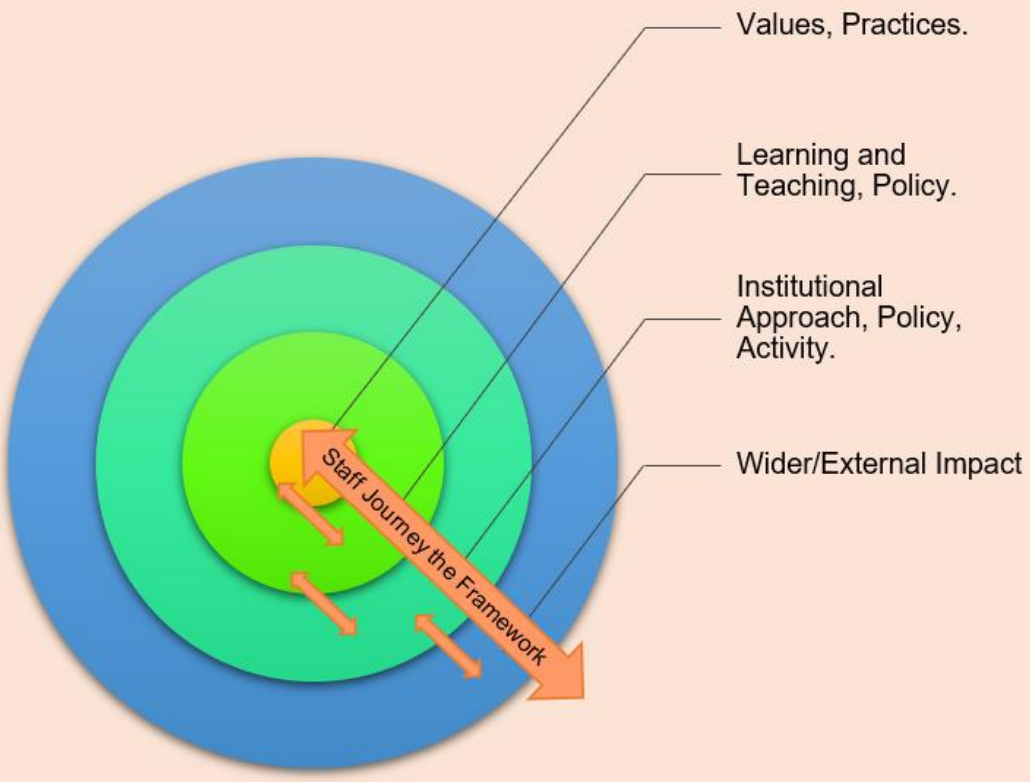

Figure 18 – Staff Journeys Through the Visual Representation of the Thesis

4.3 Student Journeys

A final, but critical interpretation of this framework is how it might be experienced by students (Figure 19). While I have taken pride and passion in developing a pedagogy informed by the values of my practice, it occurs to me that students will experience this framework in reverse. By this I mean that they will have encountered the institutional ethos and approach and potentially other learning and teaching practices, before encountering my values and approach.

Engaging with the research in Appendix 20 particularly highlighted this realisation, and demonstrated that students I was meeting, teaching and engaging in consciousness raising activities in Appendices 10-16, had already experienced the deficit-based portrayal of disability on the university website, as well as likely through a myriad of other sources, documents and experiences. This could be amplified for disabled students who may be more likely to have engaged with more university services or departments.

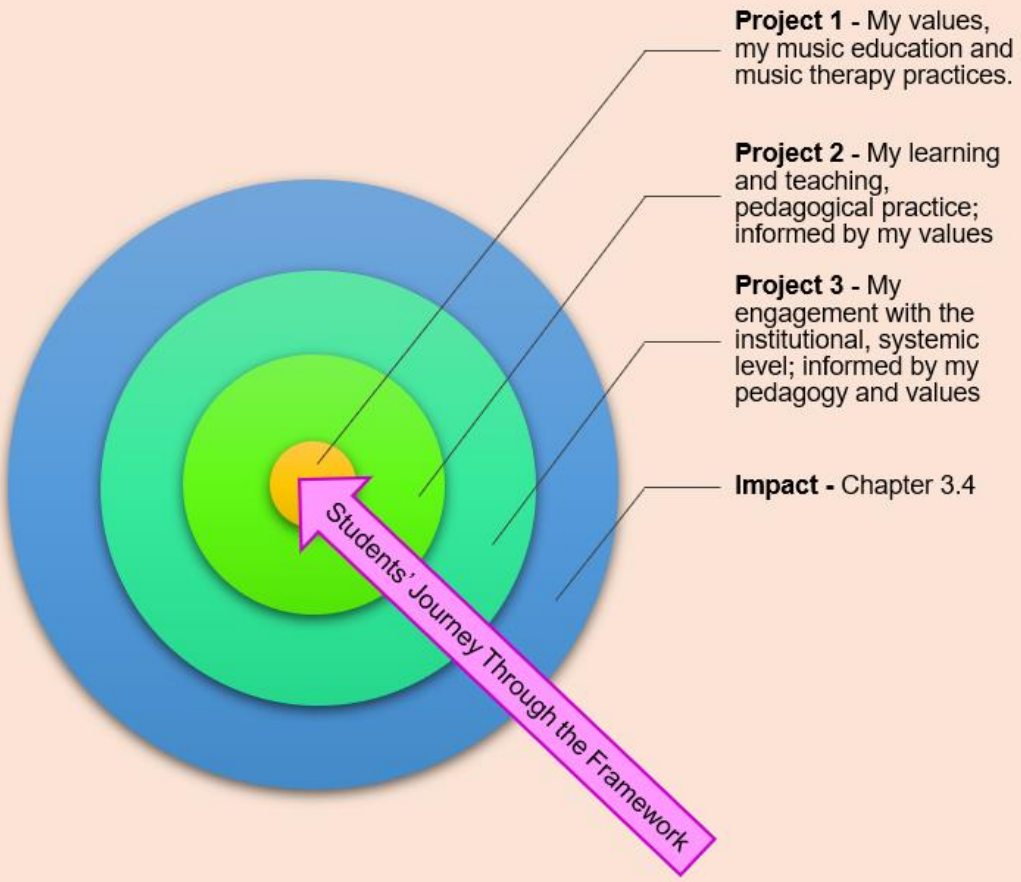

Figure 19 – Student Journeys Through the Visual Representation of the Thesis

This realisation highlighted the importance of developing and mobilising my practice beyond Projects 1-2 to ensure that more students have the opportunity to engage with these ideas, to counter the pervasive ableism of the HE sector (Dolmage, 2017). As discussed in Appendix 20, two in five disabled students report that they are not aware of funding opportunities available to them before starting their studies (Department for Education, 2019; Butterwick, 2019). On the one hand this could suggest that students haven't engaged with the largely deficit-based discourse about disabled students portrayed on the Disability Service webpages, as reported in Appendix 20. On the other hand, this could also mean that students are not aware of

their *right* to equitable access to education (Beauchamp-Pryor, 2007, 2013), and thus are not likely to challenge the institution or assert their rights. This returns to the necessity for consciousness raising at an institutional level and the need for a collective responsibility for accessibility through the social connection model of responsibility (Young, 2006). Consciousness raising of students' right to access their education could also be a powerful contribution to affecting change.

4.4 A Potential Framework for Consciousness Raising

While this chapter has put forth a framework which has enabled me to reflect upon my experience of consciousness raising in HE, this is not to say that such a static framework is necessarily applicable to others' experiences. Imposing a model upon others can be as oppressive as the existing provision (Young, 1990, p. 37). As such, this framework is not proposed as definitive or transferable but as a tool to provoke discussion. In a similar vein, this study does not seek to generate a new theory of anti-oppressive pedagogy, reflecting on Kumashiro's (2000, p. 39) assertion:

> Rather than aim for *understanding* of some critical perspective, anti-oppressive pedagogy should aim for *effect* by having students engage with relevant aspects of critical theory and extend its terms of analysis to their own lives, but then critique it for what it overlooks or for what if forecloses, what it says and makes possible as well as what it leaves unsaid and unthinkable.

The intention of this thesis is therefore to introduce an anti-oppressive, critical framework to students, staff and other stakeholders in HE to enable *them* to determine its relevance in individually and collectively meaningful ways. A critical

consideration, informed by the social connection of responsibility (Young, 2006), is that in this model, responsibility is shared. As such:

> All involved in social processes and structures share responsibility, and bear it personally, for harms caused by those processes and structures that comprise the inchoate collectives to which we belong.
>
> (Langlois, 2014, p. 47)

This involves all stakeholders referenced in Figure 15 as well as further stakeholders not yet consulted, such as Estates, Schools and Colleges Liaison, Catering, Security, Accommodation, International Office, Students' Union and the wider student body amongst others. We all, collectively hold responsibility for the accessibility and equity of HE provision and can collectively affect change if there is injustice in this system. As such, this approach to practice will only become impactful if there is a collective engagement and investment in it. This is a distinct shift away from existing models whereby the Disability Service is seen as the source of accommodation and support for disabled students, with academics often not acknowledging this as their domain or responsibility (Madriaga, *et al.,* 2011; Beauchamp-Pryor, 2013; Liasidou, 2014; Wray, 2018; Martin *et al.,* 2019; Appendix 20).

A critical stakeholder in the inclusivity of HE is the students, whose engagement in social participation forms a central influence on the success of disabled students' experiences (Sachs and Schreuer, 2011). Therefore, this thesis has incorporated strategies to nurture students' critical reflection and consciousness raising (Appendices 10-16) as well as staff's (Appendices 17-22).

As USW states its aspirations for the next decade in its 2030 Strategy (USW, 2019), Appendix 42 maps how this thesis could be a complementary strategy for further

achieving inclusion and a values-based culture locally at USW, by facilitating reflective professional development for all stakeholders. Looking to the wider sector, this thesis poses the need for a shift in the approach to accessibility and inclusion in HE from solely a compliance informed position, to a culture of inclusivity: with a "clear and challenging vision of UDL understood by all… using the expert knowledge of the diverse learner" (UDLL Partnership, 2017). It is proposed that this thesis could provide a process to enable universities to address the priority of inclusivity and accessibility through an institutional commitment and shared responsibility. This aligns well with AbilityNet and McNaught Consultancy's Accessibility Maturity Model (2020), encouraging growth from a tokenistic position to the higher stages of ownership and partnership (Table 5; see full mapping exercise in Appendix 43).

Stage	**Luck**	**Tokenism**	**Standards**	**Ownership**	**Partnership**
Typical quote	*"With luck we won't have any disabled learners"*	*"We'll help you get DSA funding"*	*"All our systems meet WCAG 2.1 AA"*	*"We train staff to use digital tools and resources to maximise learner indepen-dence"*	*"Disabled students co-design courses & assessment approaches."*

Table 5 – Extract from AbilityNet and McNaughty Consultancy's (2020) FE and HE Accessibility Maturity Model

An original contribution of this study is that it aims to provide a vehicle for transitioning between the lower to the higher stages of AbilityNet and McNaughty Consultancy's (2020) model, utilising CDS-informed consciousness raising activities

as a tool to actualise a social connection model of responsibility (Young, 2006). As exemplified by Liasidou and Mavrou (2017, p. 144):

> The ‘abled-bodied order’ (Campbell, 2009) needs to be challenged by adopting a critical, reflective and reflexive understanding of the precarious ontological status of the ‘abled bodied’ ideal (Goodley, 2011).

It is proposed that this thesis could enable this critical, reflective and reflexive exploration of the construct of disability (Corker, 1999; Goodley, 2011; Liasidou, 2014), enabling a shift from normative positivisms to non-normative positivisms (Bolt, 2019). As “affirmed deviations that depart from the social norms of ableism and disablism” (Bolt, 2019, p. 5), non-normative positivisms could be actualised through several strategies. This includes dissemination of non-normative positivisms through research and practice (Appendices 5-8), consciousness raising and anti-oppressive education for students about the prevalence of normative positivisms (Appendices 10-16), institutional recognition of the value of diversity (Appendices 19-20) and consciousness raising amongst staff about current non-normative negativisms (Appendices 19, 21-22).

As alluded to in Appendix 15, while CTA students may be particularly likely to engage with disabled participants during their creative workshops, disabled people may be the peers, colleagues, customers, stakeholders and commissioners of graduates across *all* disciplines. As such, placing an overt emphasis on the promotion of disability rights across all academic disciplines is an ethical imperative, as well as a legal obligation (Liasidou and Mavrou, 2017). While a cultural shift is advocated, if coupling this with legal compliance provides a further incentive, Article

26 (2) of the CRPD (UN, 2008) is explicit about the necessity of providing initial and continuous training on disability rights and accessibility issues. As noted in the introduction, increased awareness and application of the CRPD (UN, 2008), coupled with a shift to nurture inclusive culture in UK HE could be a powerful combination for advancing this agenda. As digital accessibility becomes increasingly recognised and prioritised due to PSBAR and the current pivot to blended learning during the Covid-19 pandemic (Hamraie, 2020), it is proposed that this agenda becomes increasingly relevant and timely.

Chapter 5 - Critical Reflection on Methodology and Methods

Having reviewed the projects associated with this thesis, it feels relevant to explicitly focus on the methodological dimension of the research, in order to fully satisfy the relevant doctoral descriptors (QAA, 2015). As such, Table 5 denotes the range of methodologies and methods explored through the portfolio.

Table 6 - Methodologies Involved in the Outputs Comprised in the Thesis

Methodology	Methods	Appendix																		
		Appendix 5	Appendix 6	Appendix 7	Appendix 8	Appendix 9	Appendix 10	Appendix 11	Appendix 12	Appendix 13	Appendix 14	Appendix 15	Appendix 16	Appendix 17	Appendix 18	Appendix 19	Appendix 20	Appendix 21	Appendix 22
Qualitative	Case Study	X	X	X	X						X	X	X					X	X
Quantitative	Sounds of Intent (Ockelford, 2015)*	X																	
Qualitative	Improvisational Assessment Profiles (Bruscia, 1987)**		X																
Qualitative	Pre-therapy (Prouty, 2005)***		X																
Mixed methods	Music therapy microanalysis (Wosch and Wigram, 2006)**		X																
Qualitative	Position Paper			X														X	X
Qualitative	Critical reflection on professional documentation				X	X	X	X	X	X					X			X	X
Mixed methods	Literature Review	X	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X
Qualitative	Focus Group						X						X						
Mixed methods	Questionnaire						X					X	X						
Qualitative	Learning centred curriculum design (Hørsted *et al.*, 2018)						X	X	X										
Qualitative	A holistic-distributed model of curriculum design (Hendy-Isaac, 2014)						X	X	X										

Methodology	Methods	Appendix																		
		Appendix 5	Appendix 6	Appendix 7	Appendix 8	Appendix 9	Appendix 10	Appendix 11	Appendix 12	Appendix 13	Appendix 14	Appendix 15	Appendix 16	Appendix 17	Appendix 18	Appendix 19	Appendix 20	Appendix 21	Appendix 22
Qualitative	Spiral curriculum (Bruner, 1960)						X	X	X										
Qualitative	Exploration of deep learning (Light and Cox, 2004)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Qualitative	Learning in the community						X	X	X		X	X							
Quantitative	Descriptive Statistics						X	X	X			X	X	X					
Qualitative	Thematic Analysis											X	X			X	X		
Qualitative	Interview													X				X	X
Mixed methods	Qualitative Content Analysis															X	X		
Qualitative	Provocation			X														X	X

* music education specific tool.

** music therapy specific tool.

*** therapeutic approach.

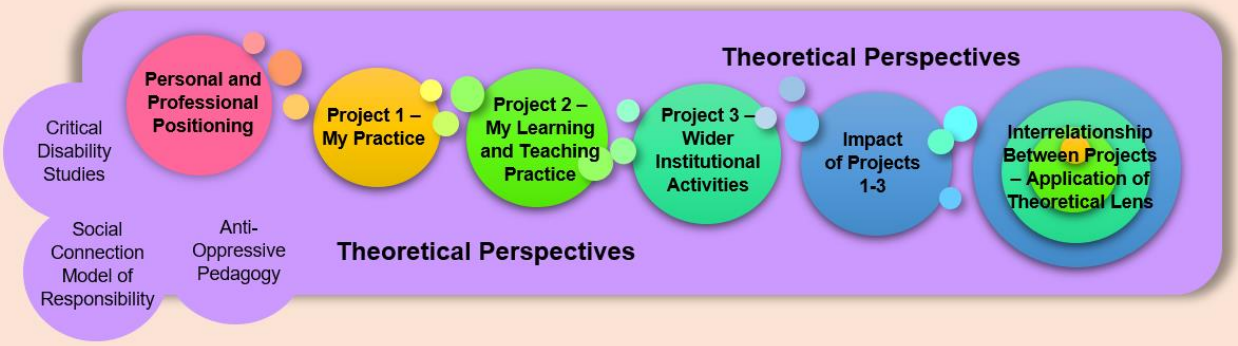

Figure 20 – Summary of the Journey Taken Through the Thesis

6.1 Confirmation of Original Contribution to Knowledge.

Through the presentation of three interconnected projects, this thesis demonstrates the potential of a CDS-informed philosophy to promote consciousness raising and enact inclusion at all levels of HE. Projects 1-3 demonstrate examples of consciousness raising (Young, 1990, 2011) through practice, research, pedagogy, curriculum design, dissemination, continuing professional development, advocacy and action.

This study makes an original contribution through innovative application of Young's (1990, 2006, 2011) theories in the context of disability and HE, as demonstrated in Appendix 1 and Figure 3. Young's (1990, 2006, 2011) ideas have historically been applied in the contexts of critical race theory (Applebaum, 2007, 2010; Sasaki, 2016) and the globalisation of educational governance (Robertson and Dale, 2013).

Within the parameters of the individual projects, inclusion of a CDS lens makes an original contribution in relation to music education (Appendix 5) and music therapy

(Appendices 6-9). Project 2 makes an original contribution by incorporating CDS in the CTA curriculum (Appendices 10-12) and a series of projects and research studies stemming from this (Appendices 13-16).

Project 3 makes an original contribution by challenging a lack of accessible information through the development of an accessible infographic (Appendices 17-18). The implicit culture around accessibility within HE is challenged in Appendices 19-22 through research and events which call to action stakeholders across the sector.

This thesis therefore makes an original contribution to knowledge by extending the notion of awareness raising of disability and inclusivity (Hurst, 1998, 2018; Young, 2006; Treby, Hewitt and Shah, 2006; Hale *et al.,* 2013) to consciousness raising (Young, 1990, 2011), applying Kumashiro (2000) and Beckett's (2015) typologies of anti-oppressive education, informed by a CDS lens (Goodley, 2014, 2017; Shildrick, 2020).

6.2 Returning to the Research Questions

The following research questions were posed at the outset of this research:

- How can a deficit-based discourse around disability be challenged through research, practice and dissemination which asserts an increasingly interactional or asset-orientated understanding of disability?
- How can the ethos and philosophical underpinning of a practitioner's approach inform curriculum development, university processes and practices, and student experience in HE?

- How can consciousness raising through engagement with Critical Disability Studies determine the potential for enabling increasingly inclusive and equitable provision in HE?
- What is the scope to reframe the portrayal of disability in HE through consciousness raising and exposure to Critical Disability Studies philosophy?

It is proposed that evidence has been presented to clarify how a deficit-based discourse around disability can be challenged, through the research, practice and dissemination in Projects 1-3 which assert an increasingly asset-oriented understanding of disability. Project 2 particularly explored how the values and philosophical underpinning of a practitioner's approach informs curriculum development, while Project 3 demonstrated how this influenced university process and practices.

Finally, a case has been made throughout the thesis to demonstrate how consciousness raising through engagement with CDS can develop potential for increasingly inclusive and equitable provision in HE. The impact of these processes are evidenced in Chapter 3.4, including the potential to raise general duty and compliance to the institutional level risk register and committing to a programme of work through the university's Strategic Equality Plan (USW, 2020) enacted through LTEC.

6.3 Conclusion

Through presentation, analysis and discussion of the three central projects outlined in Figure 20, my personal and professional positioning (Chapter 1.1) and evidence of

impact (Appendices 23-35), this thesis has attempted to present a coherent and impactful approach to challenging a deficit-based discourse of disability in HE.

The Projects included evidence of a commitment to CDS philosophy (Goodley, 2017), anti-oppressive pedagogy (Kumashiro, 2000; Beckett, 2015) and application of Young's consciousness raising (1990, 2011) and social connection model of responsibility (2006).

The thesis collates this evidence in the form of a call to action to colleagues across the HE sector. In the spirit of Young's (2006) social connection model of responsibility, this is a forward-looking, aspirational call, with a range of suggestions as to how we might work together to change the current interpretation of disability presented locally and nationally. In the words of my sister, Sara Pickard, who motivates much of my research and practice, "if people can see what people with learning disabilities are able to achieve, their views may change" (Figure 21):

Figure 21 – Sara Pickard's Vision for Making a Difference at Mencap Cymru

This thesis actualises this vision by providing the philosophy, framework and tools to enact inclusion in HE. In Young's (2011, p. 120) words:

> Rather than take existing social structures and relations as what they are, as given […] take them as possibilities - perhaps things can be improved. This active stance opens to a future that can be made, but is risky and uncertain. Solidarity, inspired and tempered by the perhaps, is thus a call to responsibility.

6.3 Recommendations

Recommendations from this thesis are:

- Recognise the potential of paradigms of disability as tools for critically reflecting upon our understanding of the construct of disability and implement this across subject areas. There is scope for wider application beyond this thesis with potential for consciousness raising throughout HE provision, across disciplinary boundaries.

- Facilitate opportunities for students and staff to critically reflect upon their own values and to consider how this informs their learning, practice, personal and professional development. The framework presented in this thesis could be one possible tool for facilitating this reflective process, advancing an institutional culture of accessibility from tokenistic to partnership informed approaches (AbilityNet and McNaughty Consultancy, 2020).

- Enable all staff in HE to reflect upon and understand their contribution to the inclusivity and accessibility of provision. While the Equality Act (2010) and PSBAR require provision to be accessible, this is arguably not enforced or audited closely enough to ensure effectiveness. Workshops nurturing a culture of inclusivity and exploring the politics of disablement, as well as introduction to the accessible framework of Universal Design for Learning (UDL), could promote a collective responsibility with far greater impact and reach.

- Review university communications and support teams to critically reflect upon the significance of their language and imagery choices, as well as environmental design. The university could develop an increasingly asset-oriented portrayal of disability on its marketing portfolio to demonstrate the values-based culture that the USW 2030 strategy (USW, 2019) aspires for and should work to make this a reality.

- A final recommendation is that I will continue to critically reflect upon my own research and practice, and how I may continue to perpetuate oppression or experience privilege. I will also endeavour to support others to engage in this critical reflection of their own practices. I commit further in my work as an ally to developing increasingly emancipatory and co-produced research, challenging the pace of the academy (Stone and Priestley, 1996; Vostal, 2014) to prioritise this critical aspect of my portfolio. I also commit to continuing to use my platform in academia to employ disabled people and others with lived experience as colleagues and to position my students' learning within their communities.

Word Count 14,586

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Appendices

Appendix 1 – Systematic Search of Literature to Determine Originality.

Appendix 2 – Format and Audience of Outputs in Projects 1-3.

Appendix 3 – Mapping Against Doctoral Descriptors.

Appendix 4 – Full List of Publications with those included in the thesis, highlighted.

Appendices 5-22 – Projects 1-3.

Appendix 23-35 – Impact Statements.

Appendix 36-38 – Confirmation of Authorship/Responsibility.

Appendix 39 – Citations.

Appendix 40 – Outcome and Panel Feedback from Validation Event.

Appendix 41 – Description of the Figure Illustrating the Visual Journey Through the Thesis.

Appendix 42 – Relevance of this Thesis to the USW 2030 Strategy.

Appendix 43 – Higher Education (HE) and Further Education (FE) Accessibility Maturity Model (AbilityNet and McNaught Consultancy, 2020).

Appendix 1 – Table 7, Systematic Search of Literature to Determine Originality

Search Strings

1. “social connection model of responsibility”
2. University OR college OR “higher education”
3. Disab*

Inclusion Criteria

- English language

Exclusion Criteria

- Uses university/college in relation to author affiliation /site of research not in relation to subject.

Search	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Concept 1, 2 and 3.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Concept 1 and 2.	1	0	1	0	1	0	0	0	0	0	0	0	2	0	0	4	0
Concept 1 and 3.	0	0	0	0	0	0	0	0	0	0	2	0	1	0	0	2	0

Number	Database
1	FindIt
2	CINAHL Plus with Full Text
3	PsycInfo
4	ProQuest Psychology Journals
5	Education Abstracts
6	British Education Index
7	Academic Search Complete
8	ERIC
9	Emerald Insight
10	Applied Social Sciences Indexes and Abstracts (ASSIA)
11	Scopus
12	Web of Science
13	JSTOR Arts and Sciences II and III
14	Oxford Journals
15	Science Direct
16	Wiley Online
17	ProQuest Central
Total Hits	14
Number of hits, with duplicates removed	8
Sources	Applebaum, 2010. Applebaum, 2007. Aβländer, 2018. Langlois, 2014. Marston and Dee, 2015. Robertson and Dale, 2013. Roehler, Fear and Herrman, 1998. Sasaki, 2016.

Four of the most relevant studies sourced through this systematic literature search will be briefly summarised here, further illustrating the gap in the literature which this thesis originally seeks to fill.

Barbara Applebaum's (2007, 2010) discussion of Young's (2006) social connection model of responsibility in relation to 'white complicity pedagogy' was discovered through the systematic search process. Applebaum (2010) argues that racism is systematic and implicit throughout HE, and that novel philosophies are required to facilitate change and recognition of white privilege. This is a similar argument to that of this study, but racism is substituted - or arguably joined, from an intersectional perspective - by ableism.

An additional source located through this search was Betty Sasaki's (2016) chapter entitled *Geographies of Difference*. In this piece, Young's (2006) social connection model of responsibility is utilised as a lens for reimagining the response to student activists seeking to challenge the dominant discourse in an American university. While disability is not explicitly mentioned, the irony of a diversification agenda affirming exclusionary binaries was of relevance to this study. In addition, introduction to bell hooks' (1990, 1994) notion of "beloved community," was highly informative for the development of this study: "Beloved community is formed not by the eradication of difference but by its affirmation, by each of us claiming the identities and cultural legacies that shape who we are and how we live in the world" (hooks, 1990, p. 265).

Roberston and Dale (2013) discuss Young's (2006) ideas in relation to the globalisation and privatisation of education, advocating for the importance of a social justice perspective in engaging with educational governance frameworks. This is

perhaps the source closest in context to this thesis, however its perspective and positioning is quite different, and critically does not focus on the specific constructs of ableism or disablement.

Anthony Langlois (2014) provides a comprehensive overview of Young's (2006) model. The inclusion of the analogy of a teacher's responsibility to their students as indicative of the kind of responsibility outlined in the model is supportive of this thesis' application of the model in HE. Langlois (2014) proceeds to critique how, although Young (2006) discusses a collective subject of justice, her account of responsibility or agency for that justice is in fact individualistic. Langlois (2014) suggests that this individualistic stance results in collective action remaining largely voluntary and discretionary. This is an important critique to consider, in that I am very aware of my position as an individual researcher in a very large organisation, and that any call to action would require a mechanism for enacting and mobilising this agenda, in a way that is neither voluntary nor discretionary. A potential pathway for actualising this might be in understanding Young's (2006) social connection model as complementary to the Equality Act's (2010) liability model, which is neither voluntary nor discretionary.

Appendix 2 - Table 8, Format and Audience of Outputs in Projects 1-3

		Format									***Audience***					
Project	Appendix	**Open Access**	**Journal Article**	**Book Chapter**	**Report**	**Conference Presentation**	**Academic Poster**	**Pedagogic Document**	**Infographic**	**Provocation**		**Colleagues, professionals**	**University Community**	**Students**	**Public**	**Disabled Community**
1	5		X									X		X		
1	6			X								X		X	X	(X)
1	7	X	X							X		X		X	X	X
1	8					X						X		X		X
1	9		X									X		X		
2	10							X				X	X			
2	11							X				X	X			
2	12		X									X	X	X		
2	13					X						X	X	X		X
2	14						X					X		X		X
2	15		X									X	X	X		
2	16	X	X									X	X	X	X	X
3	17								X			X	X	X	X	X
3	18	X	X						(X)			X	X	X	X	X
3	19				X							X	X	X		X
3	20	X	X									X	X	X	X	X
3	21									X		X	X	X		X
3	22									X		X	X	X		X

Appendix 3 – Table 9, Mapping Against Doctoral Descriptors (QAA, 2015)

Appendix / Doctoral Descriptor (QAA, 2015)	Appendix 5	Appendix 6	Appendix 7	Appendix 8	Appendix 9	Appendix 10	Appendix 11	Appendix 12	Appendix 13	Appendix 14	Appendix 15	Appendix 16	Appendix 17	Appendix 18	Appendix 19	Appendix 20	Appendix 21	Appendix 22	Critical Overview
Search for, discover, access, retrieve, sift, interpret, analyse, evaluate, manage, conserve and communicate an ever-increasing volume of knowledge from a range of sources.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Think critically about problems to produce innovative solutions and create new knowledge.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Plan, manage and deliver projects, selecting and justifying appropriate methodological processes while recognising, evaluating and minimising the risks involved and impact on the environment.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Exercise professional standards in research and research integrity, and engage in professional practice, including ethical, legal, and health and safety aspects, bringing enthusiasm, perseverance and integrity to bear on their work activities.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

Appendix / Doctoral Descriptor (QAA, 2015)	Appendix 5	Appendix 6	Appendix 7	Appendix 8	Appendix 9	Appendix 10	Appendix 11	Appendix 12	Appendix 13	Appendix 14	Appendix 15	Appendix 16	Appendix 17	Appendix 18	Appendix 19	Appendix 20	Appendix 21	Appendix 22	Critical Overview
Support, collaborate with and lead colleagues, using a range of teaching, communication and networking skills to influence policy in diverse environments.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Appreciate the need to engage in research with impact and to be able to communicate it to diverse audiences, including the public.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Build relationships with peers, senior colleagues, students and stakeholders with sensitivity to equality, diversity and cultural issues.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Develop foreign language and enterprise skills, and cultivate business acumen.	X	X	X			X	X	X		X		X	X	X	X	X	X	X	X
Prepare, plan and manage own career development while knowing when and where to draw on support.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

Appendix 4 - Full List of Publications with those included in the thesis, highlighted.

Key

Project 1	
Project 2	
Project 3	

Forthcoming / In Press

Pickard, B. (In Press), 'How is disability portrayed through Welsh universities' disability service web pages: A Critical Disability Studies perspective', *Learning and Teaching: International Journal of Higher Education in the Social Sciences*.

Pickard, B. and Rushton, R. (Forthcoming), 'Investigating the Impact of Volunteering with Melody Music Birmingham (MMB) on the Professional Development and Career Pathways of Royal Birmingham Conservatoire Students', (under review with the *British Journal of Music Education*).

Pickard, B. (Forthcoming), 'Undergraduate Creative Arts Students' Perceptions and Attitudes Toward Disability: Advancing a Critical Disability Studies Informed Curriculum', (under review with *Art, Design & Communication in Higher Education*).

Pickard, B. (Forthcoming), What are Welsh Universities' Websites Telling Disabled Applicants About their Interpretation of Disability? (under review by M Jeffress (Ed) for *Routledge's Interdisciplinary Disability Studies Series: Discussing Disability: Critical Reflections on How We Talk To, Through and About Disability.* Routledge).

Pickard, B. (Forthcoming), 'Consciousness Raising: Collective Responsibility for Universal Design for Learning in Higher Education', In Martin, N. (Ed), *Critical Practices in Higher Education: Universal Design for Learning* (working title), Critical Publishing.

2020

Pickard, B., Thompson, G., Metell, M., Roginsky, E. and Elefant, C. (2020), '"It's Not *What's* Done, But *Why* It's Done": Music Therapists' Understanding of Normalisation, Maximisation and the Neurodiversity Movement', *Voices: A World Forum for Music Therapy*. 20(3), DOI: https://doi.org/10.15845/voices.v20i3.3110.

Pickard, B. (2020), 'A Critical Reflection on the HCPC Standards of Proficiency for Arts Therapists: A Critical Disability Studies Perspective', *British Journal of Music Therapy,* Online First*,* https://doi.org/10.1177/1359457520971812.

Pickard, B. (2020), 'The Hierarchy of Knowledge in Higher Education: Privileging the Expertise of Disabled People Through Social Confluence', HEPPP Research Network Symposium: Exploring Expertise in Teaching in HE, University of the West of England, UK, 16th October 2020.

Pickard, B. (2020), 'Music Therapy Through the Lens of the Autistic Community' [Online Presentation], *Music Therapy and Autism International Network Meeting* [Online], 12th September 2020. Related publication to Appendix 7.

Pickard, B. (2020), 'A Commitment to Accessible Pedagogical Provision: Student Reflections' (Online Conference Presentation), *USW Learning and Teaching Conference 2020* [Online], 16th July 2020.

Pickard, B. (2020), 'Music Therapists' Understanding of Normalisation, Maximisation and the Neurodiversity Movement' (Online Presentation), *British Association of Music Therapy (BAMT) Autism Network Meeting* [Online], 11th July 2020, Related publication to Appendix 7.

Pickard, B. (2020), 'How Do Welsh Universities Portray Disability on Their Webpages?' (Presentation of Research Report), *USW Equality and Diversity Steering Group* [Online Meeting], 9th July 2020.

Elefant, C., Thompson, G., Metell, M., Roginsky, E., Pickard, B. and Gottschewski, K. (2020), 'The Neurodiversity Movement Invites Us to Consider Why We Work the Way Do as Music Therapists' [Online Conference Presentation], *World*

Music Therapy Congress [Online], 7th-8th July 2020, Related publication to Appendix 7.

Pickard, B. (2020), 'Collective Responsibility for Notetaking in Higher Education: The Unanticipated Outcomes of a Pedagogical Research Project', *International Journal of Technology and Inclusive Education*, 9(1), p. 1512-1519, DOI: 10.20533/ijtie.2047.0533.2020.0186.

Pickard, B. (2020), 'A Qualitative Content Analysis of Welsh Universities' Disability Service Websites and Consideration of Their Potential Impact on Recruitment of Diverse Learners: A Critical Disability Studies Perspective', *National Association of Educators in Practice Conference 2020: Whose Placement is it Anyway?*, Birmingham, UK, 24th April 2020, Related publication to Appendix 20.

Pickard, B. (2020), 'The Shifting Research-Teaching Nexus: Exploring the Multiple Roles of Student, Participant and Researcher in a Music Therapy Training Programme', *BAMT Biannual Conference: Collaboration and Exchange*, Belfast, UK, 3-5th April 2020.

Pickard, B., Capstick, J., Fernie, P., Fuller, C., Goodman, M., Mainwaring, A. and Williams-Jones, E. (2020), 'What is the Wider University Community's Understanding of Music Therapy?', *BAMT Biannual Conference: Collaboration and Exchange*, Belfast, UK, 3-5th April 2020.

Pickard, B. (2020), 'Collective Responsibility for Notetaking in Higher Education: The Unanticipated Outcomes of a Pedagogical Research Project', *Annual National Teaching Fellows Symposium*, Birmingham, UK, 5-6th March 2020. Related publication to Appendix 16.

Pickard, B. (2020), 'What are Welsh Universities' Websites Telling Disabled Applicants About their Interpretation of Disability?', *Annual National Teaching Fellows Symposium*, Birmingham, UK, 5-6th March 2020. Related publication to Appendix 20.

Pickard, B. (2020), 'Provocation on Inclusivity in Higher Education: A Critical Disability Studies Perspective', *USW Faculty of Computing, Engineering and*

Sciences Learning and Teaching Enhancement Committee, 26th February 2020.

Pickard, B. (2020), 'PhD by Portfolio: Consciousness Raising as a Vehicle for Anti-Oppressive Pedagogy', *USW Music Therapy Student Conference*, Newport, UK, February 2020.

Pickard, B. (2020), 'Provocation on Inclusivity in Higher Education: A Critical Disability Studies Perspective', *USW Faculty of Business and Society Learning and Teaching Enhancement Committee*, 10th February 2020.

Coombes, E. and Pickard, B. (2020), 'Riding in Tandem: Journeying the Research-Teaching Nexus in Partnership' Paper presented at Online Conference for Music Therapy, Online, United Kingdom, 1-2nd February 2020.

Pickard, B. (2020), 'Provocation to Learning and Teaching and Enhancement Committee: A Critical Disability Studies Perspective', *USW Learning and Teaching Enhancement Committee Away Day*, 8th January 2020.

Pickard, B. (2020), 'The Learning Profile as a Recipe for Success: Instrumental Tuition for Musicians Who Have Down's Syndrome' *Down's Syndrome Association Journal*, 141, p. 31-34, No DOI. Related publication to Appendix 5.

2019

Pickard, B. (2019), 'Autism Diagnosis or Neurodivergent Identity?', *USW Music Therapy and Autism Conference*, Newport, UK, 16th November 2019. Related publication to Appendix 7.

Pickard, B and Romppanen, M (2019), 'Within and Across Boundaries: Music Therapists Teaching Across Disciplines in Higher Education: Mikko Romppanen Interviewed by Beth Pickard' *Approaches: An Interdisciplinary Journal of Music Therapy*, http://approaches.gr/pickard-i20191006.

Pickard, B. (2019), 'A Framework for Mediating Medical and Social Models of Disability in Instrumental Tuition for Children with Down Syndrome' *Research Studies in Music Education*, Online First, DOI: 10.1177/1321103X19855416

Davies, B. and Pickard, B. (2019), 'Artistic Voices in The Grimms' Woods: A Creative Collaboration of Inclusive Theatre, Special Education and Higher Education' (Conference Presentation), *Broken Puppet 3 International Symposium*, Birmingham, United Kingdom, 17-18th April 2020.

Pickard, B. (2019), 'Demystifying the Process of Engaging with the Disability and Dyslexia Service in Higher Education' *Journal of Inclusive Practice in Further and Higher Education*, 10(1), p. 40-58.

Pickard, B. (2019), '"A Need to Be Understood": Students' Evolving Understanding of Disability Through an Immersive, Inclusive Arts Project' (Conference Presentation), *USW FLSE Learning & Teaching Conference 2019*, United Kingdom, 4th July 2019. Related publication to Appendix 15.

Pickard, B. (2019), 'What are Welsh HEI Websites Telling Disabled Applicants about Academia's Perception of Disability?' (Conference Presentation), *USW FLSE Learning & Teaching Conference 2019*, United Kingdom, 4th July 2019. Related publication to Appendix 20.

Thompson, G., Elefant, C., Roginsky, E., Metell, M. and Pickard, B. (2019), 'What Can the Neurodiversity Movement Offer Music Therapy?' (Roundtable Conference Presentation), *European Music Therapy Conference*, Aalborg, Denmark, 26-30th June 2019. Related publication to Appendix 7.

Coombes, E., Maclean, E., Oldfield, A., Roberts, A. and Pickard, B. (2019), 'Music therapy and autism: a spectrum of approaches across the lifespan - what does this mean for the profession?' (Roundtable Conference Presentation), *European Music Therapy Conference*, Aalborg, Denmark, 26-30th June 2019. Related publication to Appendix 6.

Pickard, B. (2019), Valuing Neurodiversity: A humanistic, non-normative model of music therapy exploring Rogers' Person-Centred Approach with young adults with autism spectrum conditions . in E Coombes, H Dunn, E Maclean, H Mottram & J Nugent (eds), *Music Therapy and Autism Across the Lifespan: A Spectrum of Approaches .* Jessica Kingsley Publishers, London, p. 297-330.

Pickard, B. (2019), 'The Process, Challenges and Opportunities of Developing a Curriculum in a Creative and Therapeutic Arts Undergraduate Degree

Programme' *International Journal of Art and Design Education*,.39(1), p. 98-112, DOI: 10.1111/jade.12226.

2018

Coombes, E. and Pickard, B. (2018), 'Let Your Passion Be Your Purpose' (Conference Presentation), *Nordic Music Therapy Congress*, Stockholm, Sweden, 7-8th August 2018.

Pickard, B. (2018), 'Construction of Normalcy and Diversity in Music Therapy Theory and Practice' (Conference Presentation), *Lancaster University Disability Studies Conference*, Lancaster, United Kingdom, 11-13th September 2018.

Pickard, B. (2018), 'A Holistic, Humanistic Perspective on Music Therapy: Integrating Carl Rogers' Person-Centred Approach' (Conference Presentation), *Nordic Music Therapy Congress*, Stockholm, Sweden, 7-8th August 2018.

Pickard, B. (2018), 'Positive About Down Syndrome is with Beth Pickard' [Online], https://m.facebook.com/story.php?story_fbid=980475375447141&id=794613354033345 Accessed 6th Jun 2020.

Pickard, B. (2018), 'Differentiation as Celebrating an Able Identity or Perpetuating an Ableist Perspective? Critical Perspectives on an Evidence Based Approach for Instrumental Tuition for Musicians Who Have Down's Syndrome' (Conference Presentation), *Cripping the Muse: A Summit in Music and Disability Studies*, University of Leeds, 4-5th July 2018. Related publication to Appendix 5.

Pickard, B. and Romppanen, M. (2018), 'Conference Reflection: HAMK International Wellbeing Week and a Chance Meeting with a Fellow Music Therapist', Leading Note: BAMT Magazine.

Pickard, B. and Dower, T. (2018), 'Vaguely Artistic: Disabled Musicians as Experts in an Inclusive Community Music Project in Higher Education, From a Social Confluence Perspective' (Conference Presentation), *Cripping the Muse: A Summit in Music and Disability Studies*, University of Leeds, 4-5th July 2018.

Pickard, B (2018), 'Social Construction of Disability: Parallel Process in Arts Therapies Education and Practice' (Conference Presentation), *United Kingdom Council for Graduate Education (UKCGE) Creating Inclusive Postgraduate*

Cultures and Communities Annual Conference, Bristol, United Kingdom, 2-3rd July 2018.

Pickard, B. (2018), 'Developing a Meaningful Community of Practice: The Challenges and Opportunities of Revalidating a Degree Programme in Creative and Therapeutic Arts' (Conference Presentation), *University of South Wales Learning and Teaching Conference 2018*, Pontypridd, UK, 29th June 2018. Related publication to Appendices 10-11.

Pickard, B. (2018), 'The Process of Accessing the Disability and Dyslexia Service at USW: Outcomes of a Collaborative Pilot Study' (Conference Presentation), *University of South Wales Learning and Teaching Conference 2018*, Pontypridd, UK, 29th June 2018. Related publication to Appendix 17.

Pickard, B. (2018), 'Challenging Interpretations of Disability in Theory and in Practice' (Conference Presentation), *University of South Wales Learning and Teaching Conference 2018*, Pontypridd, UK, 29th June 2018.

Pickard, B. (2018), 'The Challenges and Opportunities of Innovating a Higher Education Curriculum in Creative and Therapeutic Arts' Paper presented at New Perspectives in Participatory Arts, University of East Anglia, Norwich, United Kingdom, 22-23rd May 2018. Related publication to Appendix 12.

Coombes, E. and Pickard, B. (2018),' The Relationship Between Research and Practice: An Exploration Into How Music Therapy Students' Personal and Research Interests Can Shape Their Practitioner Identity', USW FLSE Research Conference, 24th April 2018.

Pickard, B. and Romppanen, M. (2018), 'Conference Reflection: HAMK International Wellbeing Week and a Chance Meeting with a Fellow Music Therapist', *Leading Note: The Magazine of the British Journal of Music Therapists (BAMT)*, 21 March 2018.

Pickard, B. (2018), 'Inclusive Practice and Sign Supported Communication' (Conference Presentation and Workshops), *HAMK International Wellbeing Week*, HAMK Univeristy, Hämeenlinna, Finland, 19-23rd February 2018.

Pickard, B (2018), 'Applying the ArtWorks Cymru Quality Principles in Practice and in Education: From Planning to Delivery to Evaluation', *Sounding Board: The Journal of Community Music*, 18(1), p. 8-9.

Coombes, E. and Pickard, B. (2018), 'Research Into Practice – Exploring How Personal Interests Can Shape Practitioner Identity' (Conference Presentation), *British Association for Music Therapy Conference 2018: Diversity and Wholeness*, London, United Kingdom, 16-18th February 2018.

2017

Pickard, B (2017), 'Conference Report: Examining the utility of music interventions for children with learning disabilities' *Approaches: An Interdisciplinary Journal of Music Therapy*, http://approaches.gr/pickard-cr20170414

2016

Pickard, B (2016) 'Microanalysis of an Extract of a Non-Directive Music Therapy Session Captures the Perceived Moment of Change', *Royal Society of Medicine and Live Music Now Conference 'Examining the Utility of Music Interventions for Children with Learning Disabilities'*, London, United Kingdom, DOI: 10.13140/RG.2.2.14585.98402.

2015

Pickard, B (2015), 'Research and Practice: Right and Wrong: A Joint Conference for Counselling, Psychotherapy and the Arts Therapies' *Approaches: An Interdisciplinary Journal of Music Therapy*, http://approaches.gr/pickard-cr20150913

Project 1

Appendix 5 - A Framework for Mediating Medical and Social Models of Disability in Instrumental Tuition for Children with Down's Syndrome (Pickard, 2019).

- Full text available at https://journals.sagepub.com/doi/10.1177/1321103X19855416
- DOI: 10.1177/1321103X19855416.
- Full reference: Pickard, B. (2019), 'A Framework for Mediating Medical and Social Models of Disability in Instrumental Teaching for Children with Down Syndrome', *Research Studies in Online Education,* Online First, DOI: 10.117/1321103X19855416.

A Framework for Mediating Medical and Social Models of Disability in Instrumental Teaching for Children with Down Syndrome

Beth Pickard

Introduction

This paper presents a framework for instrumental tuition for individuals who have Down Syndrome. This framework is developed from a series of case reports and draws from the evidence-based assertion that there may be a recognisable learning profile amongst learners with Down Syndrome (Bird, 2016). Within this discussion it is vital to maintain a critical awareness of the potentially reductionist, historically deficit-based application of this perspective (Penketh, 2016; Moore and Slee, 2020). The value of applying this evidence-based approach to music education is explored through three case reports that illustrate this strength-based approach to music making with learners who have Down Syndrome. This discussion responds to the suggestion of a need for "evidence-based practices for the many music teachers in inclusive classrooms who are in need of this assistance" (Jellison and Draper, 2012,

p. 329) and “an understanding of critical Disability Studies by art[s] educators and an application to their research and pedagogic practice” (Penketh, 2016, p. 140).

The case reports demonstrate provision informed by the evidence-based learning profile, while recognising and celebrating a wide range of musicians’ personalities, communication styles, preferences, instruments and intentions. To be clear, this approach is not intended to “reinforce totalising attitudes towards disability” (Penketh, 2016, p. 133). A social model perspective on the construction of disability is adopted (Rapley, 2010), and a strength-based interpretation of Down Syndrome asserted: celebrating “able identity” (Magee, 2002, p. 191) and approaches which challenge a normative discourse. There is a clear avoidance of “approaches to music and disability that simply reify intelligence and perpetuate essentialist definitions of disability and problematic categories of the “normal” and “abnormal”” (Carlson, 2016, p. 50). As Bell (2014, p. 244) suggests:

> “In a music education context, when a barrier is encountered, rather than focusing on what is ‘wrong’ with the individual, we should be accountable for what is wrong with the situation. Removing the barriers to music education is a matter of justice.”

Therefore, adaptation to the environment and the provision is presented, in response to the individual’s experience. Before presenting these illustrative case reports, a summary of the learning profile will be shared, as well as a recognition of the ideology underpinning this approach, and a brief review of current approaches for musicians who have Down Syndrome.

The Learning Profile of Individuals with Down Syndrome

Down Syndrome is the commonest recognisable cause of a learning disability[9], with current statistics suggesting that around 1 in 750 live births in the UK will be a baby who has Down Syndrome (Down Syndrome Association, 2018). The education system has reformed considerably over recent decades to offer inclusive mainstream

[9] The author uses the term Learning Disability, as is widely used in the UK, to refer to intellectual disability. This term should not be confused with a Specific Learning Difficulty, or processing difficulty such as dyslexia or dyscalculia, which are not necessarily part of this learning profile. See Nunkoosing (2011) for a discussion of the use of Learning Disability over Intellectual Disability as well as the consideration of socially constructed disability.

provision for children with Down Syndrome (Turner, Alborz and Gayle, 2008; Kendall, 2017). There has been less writing about the musical experiences of young people with Down Syndrome specifically, and of children with additional learning needs more broadly.

Engaging with genomic phenotypes is explored in many fields including precision medicine (Katsnelson, 2013) and implementation science in education (Cook and Odom, 2013). From a Critical Disability Studies perspective (Goodley, 2017), there is scope to consider this approach simplistic and over-generalised, a perspective recognised by Fidler (2005, p. 87): "Behavioural phenotypes are probabilistic… not every child with a specific syndrome necessarily shows all etiology-specific behaviours". Buckley, Bird and Sacks (2006, p. 51) recognise how this learning profile can be changed through inclusive educational opportunities and early intervention, and is not "an inevitable outcome" of having Down Syndrome. Kendall (2017) emphasises that individuals with Down Syndrome have individualised needs and therefore provision should be specific to the individual. Darrow (2015, p. 202) concurs, noting that "all learners exist somewhere on the continuum of human diversity". However, in providing students with "the best opportunity to learn" (Richards, Brown and Forde, 2007, p. 64), commencing the process of 'differentiation'[10] from the proposed learning profile of children with Down Syndrome may be more effective than developing provision from normative assumptions of development.

- Relative strength in visual memory paired with relative weakness in auditory memory (Conners *et al.*, 2008)
- Stronger receptive than expressive language (Pezzuti *et al.*, 2018),
- Delayed motor skills, hypotonia (Bruni, 2006; Latash, Wood and Ulrich, 2008),
- Relative strength in non-verbal and social skills (Cebula and Wishart, 2008; Watt, Johnson and Virji-Babul, 2010),
- Learning disability[1] (Patterson, Rapsey and Glue, 2012),
- Potential sensory impairments (Bentley *et al.*, 2015)
- Potential avoidance strategies when learning new skills (Wishart, 1997)

[10] The term 'differentiation' is enclosed within single quotation marks in order to symbolise that the author recognises this terminology as problematic.

Lemons *et al.* (2013) discuss the relevance of utilising the evidence-based learning profile "to determine which practices [we] should implement to meet the needs of students under [our] charge" (p. 68). An evidence-based approach to music education provides a valuable opportunity to develop pedagogy to directly meet the learning needs of individuals with Down Syndrome and concurrently develop confidence and effectiveness of educators. This paper is very cautious to avoid perpetuation of generalisations and stereotypes about individuals with Down Syndrome, who are as diverse a group as any other.

Drawing from over fifty years of longitudinal and cross-sectional samples (Fidler, Most and Philofsky, 2008), the research suggests that learners with Down Syndrome may share elements of the following attributes (Dykens *et al.*, 2006; Bird, Alton and Mackinnon, 2000, 2018; Bentley *et al.*, 2015):

In contrast with other publications in this area (Jaquiss and Paterson, 2005), which are critiqued as perpetuating pathologising tendencies (Penketh, 2016), this paper strongly advocates a strength-based interpretation of the characteristics outlined, in line with an affirmative interpretation of disability (Rickson, 2014). In developing musical provision to align with these attributes, individuals can experience fewer barriers to participation and understanding, thus lessening the extent of their disability by reviewing the positioning of the pedagogical input to value and prioritise the individual experience. The table below summarises how some of the key dimensions of the learning profile could be applied in music tuition.

Learning Profile of Children with Down Syndrome	**Example of Application in Instrumental Lesson**
Relative strength in visual memory over auditory memory	Present information visually such as colour coded notation, aesthetically attractive materials and resources. Utilise the instrument to demonstrate rather than relying on verbal explanations. Avoid over-reliance on auditory information. Present auditory information in shorter chunks, accompanied by sign supported communication and visual information wherever possible.
Stronger receptive language skills that expressive language skills	Maintain awareness that receptive language may be stronger than expressive language and this could impact on the structure and content of the verbal dialogue. Utilising sign supported communication could support both receptive and expressive communication and questions could be structured in such a way that answers

	could be given through choice making rather than relying on breadth of expressive vocabulary.
Potentially delayed motor skills and low muscle tone	Specific games and activities could be developed which build on social skills, to strengthen fine motor control and develop muscle tone for instrumental performance.
Strong non-verbal communication and social skills	Consider utilising games and playful strategies to deliver information and maximise use of gesture and non-verbal communication throughout the teaching.
Learning disability[11]	Consider the pace when introducing new material and develop opportunities for repetition and consolidation. Approach concepts from multiple perspectives and modalities, with time for processing. Flexibility is necessary to respond to the experience of the individual.
Potential sensory impairments	Ensure any visual materials are accessible in size, clarity and perhaps tactility. Ensure auditory information is amplified if necessary and there are accessible means of communication and engagement.
Potential avoidance strategies when faced with learning new skills	Consider engaging with principles of "Errorless Learning" (Duffy and Wishart, 1994)[12] and scaffold new learning to increase success and thus motivation, and to maximise learning opportunities

Table 1 – Examples of Translating the Learning Profile into the Instrumental Lesson

Further to this simple example, three case reports will be presented which illustrate how these basic principles can be applied with musicians with a wide range of interests, ages, personalities, learning needs and communication strategies.

[11] See earlier comment clarifying the use of this terminology.

[12] Errorless Learning (Duffy and Wishart, 1994) recognises "the important role that motivational deficits may play in undermining the progress of development in learning disabled children… While children with Down Syndrome had the cognitive capacity to learn from conventional trial and error experience, they were more likely to demonstrate this capacity after initial 'priming' with an errorless learning approach" (p. 51). Duffy and Wishart (1994, p. 52) suggest that "by artificially enhancing the success:failure ratios, teaching strategies such as errorless learning could perhaps play an important role in preventing avoidance becoming a routine response to difficult learning situations". This will be further discussed later in the paper.

‘Differentiated’ or ‘Inclusive’ Musical Provision[13]

Before applying the proposed musical framework, current approaches in ‘inclusive’ music education will be reviewed. While there is literature exploring music making more broadly with disabled participants (Streeter, 1993; Schalkwijk, 1994; Paterson and Zimmermann, 2006; Ramey, 2011; Ott, 2011; Williams, 2013), there is a relatively small body of literature which talks about ‘inclusive’ instrumental tuition for students with additional learning needs (Adamek and Darrow, 2010; Hourigan, 2011; Jellison and Draper, 2012; Darrow, 2015; Darrow and Adamek, 2018). There are also few case studies about working specifically with children who have Down Syndrome (Cross, 2005, 2007; McCord and Fitzgerald, 2006; Bell, 2014). An unpublished thesis explores the historical, stereotyped musicality of individuals with Down Syndrome (Author, 2009), and while the sources are outdated and problematic in their language, discourse and tone (Fraser and Mitchell, 1876; Sherlock, 1911; Blacketer-Simmonds, 1953; Stratford and Ching, 1983), they make references to dimensions of what has since been recognised as the learning profile (Bird, Alton and Mackinnon, 2000, 2018).

Some authors consider provision for learners with additional learning needs in the music classroom (Ferguson, 2001; Hehir, 2007; Storey, 2007). Some reference elements of the learning profile (Jaquis and Paterson, 2005; Darrow and Adamek, 2012; Salvador, 2015), while others explore pedagogical considerations (McCord and Fitzgerald, 2006; Heikkila and Knight, 2012) and the perspectives of future music educators (VanWeelden and Whipple, 2013; Jones, 2015; Salvador, 2015; Laes and Westerlund, 2018). There is a growing body of evidence around music education for young people who have Profound and Multiple Learning Disabilities (PMLD) (Ockelford, 2008, 2015) and children with Autism Spectrum Conditions (ASC)[14] (Hourigan and Hourigan, 2009; Simpson and Keen, 2011; Ockelford, 2013;

[13] The terms ‘differentiated’ and ‘inclusive’ are included in single quotation marks in order to symbolise that the author recognise this terminology as problematic. Suggesting that provision needs to be ‘differentiated’ perpetuates a normative and ableist position, and denotes learners who would benefit from other strategies as ‘different’. To suggest that a provision would be named ‘inclusive’ would suggest that there is an alternative to this, and that the practitioner has made particular effort to ‘include’ those considered ‘other’. The author believes in a spectrum of human diversity, as noted by Darrow (2015), whereby educators should provide holistic and constructive learning opportunities for all learners.

[14] The author uses the terminology Autism Spectrum *Conditions* (ASC) as opposed to Autism Spectrum *Disorders* (ASD) to reinforce an affirmative interpretation of disability, as opposed to a medicalised, deficit based interpretation.

Hutchinson, 2013; Scott, 2017), which influence the latter case report. While there is a lack of research into strategies which may be particularly effective for musical development in a group of musicians who may share a common learning experience (Fidler, 2005; Buckley, 2006), Carlson (2016) rightly emphasises the problematic nature of generalising to *all* individuals with Down Syndrome, a perspective upheld throughout this study.

There is recognition internationally for the need for music education to "transform its professional discourses to fully address the issues of inclusion and diversity" (Laes and Westerlund, 2018, p. 35). Before translating the learning profile into a music-focused approach, it is important to recognise some of the underlying assumptions of an approach termed 'differentiated' or 'inclusive'. While these terms are intended to develop a provision which enables successful and meaningful participation, it is recognised that the suggestion that initial provision wouldn't be accessible unless differentiated, perpetuates an abelist stance. This could be construed to denote learners receiving differentiated provision as deficient, with negative connotation to a 'norm'. While a social model approach to practice would value and celebrate difference, it is also considered that this tailored approach challenges the assumption that music education should commence from a normative stance, and proposes a shift to the starting point of the educator to more aptly recognise the valid 'norm' of the learner. Transforming professional discourses should include consideration of "the politics of disablement inherent in contemporary curricular, pedagogy and assessment practice" (Penketh, 2016, p. 133), nurturing a societal understanding with far greater opportunities for all musicians.

Methodology

This series of case reports have been developed from observations and reflections from the position of the practitioner, incorporating insights from diverse examples of instrumental lessons with children who have Down Syndrome. A phenomenon Higgs, Titchen and Neville (2001) refer to as practice knowledge. This positioning is very intentional, framing the responsibility for growth and change with the practitioner: "shifting the imbalanced burden of adapting away from… individuals" (Woods 2017, p. 1094). This is an important distinction in this way of working: that

the individual's medium of expression is valued and respected, rather than imposing a normative attitude and attempting to nurture a shift towards more mainstream or typical ways of being and learning (Hehir, 2002; Author, 2019).

Ramulu *et al.*'s (2005) Case Report Review Instrument was consulted to ensure the rigour of this methodological approach. The individual case reports are punctuated by relevant music education development profiles, but are largely framed through the practitioner's Critical Disability Studies lens (Goodley, 2017) to illustrate the potential impact of shifting the practitioner's worldview in enabling musicians with Down Syndrome.

Since this instrumental tuition was completed in private practice, prior to registration as a music therapist and commencement of an academic role, a specific ethics panel was not approached. However informed consent was sought from parents to include these examples from practice in a research-based publication. The second case report is a composite of two pupils whom it was not possible to approach to request consent, therefore represents two pupils' experiences anonymously, following Duffy's (2010) guidelines.

Guillemin and Gillam's (2004, cited in Nichols, 2016) 'procedural and practical ethical considerations' were explored and reflected upon. The Sound Sense (2017) 'Music Education Code of Practice' was upheld throughout, and the ethical practices discussed by arts in health resource Creative and Credible (2015) were also consulted and maintained.

Case Report 1 – Olivia's Piano Lessons

Olivia was a vibrant, energetic eight-year old when she decided that she would like to learn to play the piano. She also had Down Syndrome, which led me to explore some specific and innovative strategies for enabling her to engage with the instrument and the notation to her full potential. Over three years we developed a strong friendship and learned a lot about the instrument and each other.

As research suggests is typical of children with Down Syndrome, Olivia was a visual learner who had a relatively stronger visual memory than auditory memory (Fidler, 2005). As such, my communication was usually presented in digestible 'chunks' of

information, avoiding reliance on auditory memory, and accompanied by sign to reinforce the meaning of our conversations in a visual form (SignAlong, 2016). Olivia had relatively low muscle tone, also common of children with Down Syndrome (Down Syndrome Association, 2018), which caused her fingers to be soft and floppy in her initial exploration of the piano. This did not appear to dampen Olivia's excitement or commitment[15] and she worked hard to develop her instrumental skills.

Having taken time to get to know Olivia, it emerged that Olivia was keen to play with "both hands together", and to play familiar songs that she enjoyed, such as popular choices from musical theatre and school assemblies. Having established Olivia's objectives for the lessons, I researched a range of approaches that might enable Olivia to fully access and understand the instrument, informed by understanding her potential learning profile (Buckley and Bird, 2002). I came across the *Colour Muse* method (Steer, 2016), which introduces a family of dinosaurs to represent note values, and uses colours to denote the notes on the keyboard.

The intention of the method is that children use the colours on the stave and behind the keys as additional visual cues. They gradually transition to recognising the placement of the note head on the stave, thus transitioning to reading standard (black and white) notation. Similar methods of colour coding have proved effective with many children with additional learning needs (Whipple and VanWeelden, 2012; Salvador, 2015), including the more widely known *Figurenotes*© method (Kaikkonen and Uusitalo, 2005) and Hubicki's *Colour Staff* (Hubicki, 2001). The specific *Colour Muse* method was chosen since the dinosaur characters of *Colour Muse* (Steer, 2016) were particularly appealing to Olivia, over the more mathematical shapes and colours of the *Figurenotes*© method (Kaikkonen and Uusitalo, 2005), which Olivia related to school maths lessons.

The highly visual, engaging, age appropriate method of *Colour Muse* (Steer, 2016) was shared with Olivia eagerly. Initially we played some games with the dinosaur family and explored finger exercises using the colours on the keyboard to develop fine motor skills. Olivia was happy to continue with this method, but I noticed that she appeared to find it difficult to recognise the specific colour on each note-head on the stave, even in the simplest exercises. There is evidence to suggest that learners who

[15] Challenging the stereotype and generalisation that children with Down Syndrome can be "obstinate" (Jaquiss and Paterson, 2005, p. 30) or employ avoidance strategies in the face of "difficult" tasks (Wishart, 1993, p. 47).

have Down Syndrome may be more likely to experience poor visual acuity (Krinsky-Mchale *et al.*, 2014), a specific visual impairment relating to contrast, which could account for Olivia's challenge in reading the notation in this format.

I experimented with increasing the size of the *Colour Muse* (Steer, 2016) resources, which at the time were readily available online and in print, but found that this reduced the quality of the images and so didn't support visual acuity. Therefore, I began developing bespoke notation for Olivia. The colours of the *Colour Muse* method were incorporated, reinforced visually behind the keyboard and on the keys, but these were accompanied with bold letter names. Since Olivia had been enjoying learning letter shapes in school, she was excited to incorporate these into our piano lessons. Many piano teachers would discourage the incorporation of letter names, but this enabled Olivia to engage with her first meaningful access to notation. This degree of flexibility was integral to enabling Olivia to engage with the learning.

Over the next year, we experimented with a range of simple, familiar melodies using the coloured letters. Elements of music theory were gradually introduced such as bar lines, time signatures and fingerings. These concepts were reinforced in fun, individually designed worksheets which had Olivia's photograph on them to further engage her. As the sessions progressed, we spent time working on music theory and recognising musical terminology. We played scales, games and finger exercises and explored the piano in a more improvised style in response to various stimuli. This improvisation gave Olivia the opportunity to explore the potential of the piano as a sound source and to learn about the sounds of the chromatic keys, which she was less likely to explore within the range of the melodies she could comfortably explore.

A motivating aspect of the teaching for Olivia was to work towards a performance, to share and review her progress with her parents. Occasionally we would perform a short concert at the end of the lesson, and on other occasions we would film a performance. As we transitioned to performing whole pieces, I introduced Olivia to the *Melody* certificate scheme (*Melody*, No Date). Olivia was excited at the prospect of working towards a certificate that she could share in school assembly alongside her peers. This was an additionally motivating dimension of the teaching, the success criteria of which we determined collaboratively.

Olivia was able to set goals she was eager to achieve, such as performing a chosen song “from beginning to end, both hands together”. When these targets were achieved, Olivia received her *Melody* certificate, and shared it in school assembly. This gave Olivia a sense of parity with her peers as well as a sense of achievement and pride in her musical development.

In addition to sign supported communication and clear visual resources, Errorless Learning (Duffy and Wishart, 1994) and scaffolding also supported Olivia’s learning. Errorless Learning is an approach briefly used in educational interventions with children who have Down Syndrome and suggests that ensuring the child has more successful than failure-related learning experiences can embed positive associations with the learning experience and thus foster increased motivation (Duffy and Wishart, 1994).

In line with the Errorless Learning approach, the gentle progression of the resources was guided by Olivia’s pace, ensuring she wasn’t pushed to a point whereby she would be unsuccessful. This embedded Olivia’s positive association with the lessons, and motivated her to continue. Scaffolding was used in line with Errorless Learning to enable Olivia to achieve desired objectives interdependently, which motivated her to continue with her learning and gradually achieve these outcomes increasingly independently.

For example, we would play duets, which offered a fuller sound at the keyboard and provided opportunities for harmony as well as melody. Olivia recognised the fuller sound as more representative of the melodies she knew, and was eager to share the keyboard to engage with this. This paved the way for her exploration of the bass clef in time, as she enjoyed swapping roles and taking a turn to be the teacher and play the bassline or accompaniment.

The *Melody* certificates, the very gradual increase of complexity, and the repetition and consolidation of successful learning experiences were strategies applied intentionally to enable Errorless Learning and, in turn, continued engagement and motivation for learning. Strategies to develop and support Olivia’s muscle tone included modelling the accurate sequence of notes for her to hear the pattern, hand on hand support to physically experience the accurate sequence, and singing along together. This variety of approaches and “multiple means of engagement” (Darrow

and Adamek, 2012) enabled extensive repetition of musical material from multiple perspectives, enabling us to develop a fun, trusting musical relationship.

In the second year, Olivia became less reliant on the letter names and became able to recognise the notes by colour. Olivia progressed to learning a total of ten scales, major and minor, incorporating accurate finger patterns. This required support and reinforcement, but Olivia was able to recognise the sequence of pitches she was aiming for and thus to recognise a mistake. The finger patterns strengthened her muscle tone and fine motor skills and enabled her to progress to more complex repertoire, playing “both hands together”, as was her initial ambition.

The library of *Melody* certificates enabled progress to be celebrated and for Olivia to evidence her journey. During our third year of teaching Olivia played a solo in the school assembly, which was extremely well received; this boosted her confidence and enabled her to establish an able, rather than disabled, identity amongst her peers. Near the end of our three-year journey, Olivia was exploring the first stages of the published *Colour Muse* programme, intended as very early introductions to the piano for younger children (Steer, 2016). Olivia made progress in physical, cognitive, emotional and social dimensions. She developed a degree of technique in her piano playing, played familiar melodies by ear or could read her individualised notation to learn new or unknown melodies. The skill required from the teacher was mostly time and patience, with influence from the evidence-base on the learning profile of children with Down Syndrome (Buckley and Bird, 2002).

Case Report 2 – Nathan’s Music Sessions

Nathan was nine years old and had a dual diagnosis of Down Syndrome and Autism, as is said to be the experience of around 16.5% of individuals with Down Syndrome (Warner *et al.*, 2014)[16]. Nathan had recently been adopted and was transitioning into his new home and family environment. Nathan’s parents were eager for him to have an expressive outlet, and an opportunity to explore an enjoyable, educational pastime. Nathan communicated mostly through non-verbal expression and it took me some time to develop an understanding of his musical preferences and intentions.

[16] Significantly higher than around 1% Autism diagnosis in the general population (Baird *et al.*, 2006)

A linear visual schedule was prepared to articulate to Nathan the initial structure of the music sessions. This built on experiences of working with young people with Autism as well as documented strategies for communicating clearly in educational contexts (Conn, 2016). We began with a 'Hello Song', orientating us to the room, the session and each other. There would be an improvisation section where we explored instruments together, stimulated by different picture cards to provide visual information and support us in generating a story and composition. There was then an opportunity to listen to pre-recorded music together and potentially to move to the music with our bodies (Wylie, 2006). Following this, there was a chance for Nathan to relax and listen to some live improvised music before we sang our 'Goodbye Song' together.

While the structure and intention of this work was broadly more therapeutic (Wylie, 2006) in that the aims and outcomes related to developing a relationship, expressing emotions through music, embodying musical experiences, affect attunement and entraining to music[17]; the recognised learning profile was still valuable in informing and underpinning the articulation of the practice.

The visual timetable and story cards were invaluable in visually communicating the proposed structure of the session and some tangible ideas for our improvisational activities. This limited reliance on Nathan's potentially weaker auditory memory enabled successful engagement throughout. Accompanying any verbal instruction with sign supported communication was another way to build on strength in visual memory where a weakness in auditory memory was evident (Conners *et al.*, 2008). Picture cards and story cards enabled us to revisit and reflect upon the music we had made, while the transient auditory trace of the work may have disappeared.

[17] The concepts of entrainment, musical attunement and affect attunement are widely discussed in music therapy literature (Malloch and Trevarthen, 2009). Sawyer (2005; cited in Ansdell, 2014, p. 200) describes entraining simply as "performing gestures and movements in alignment". This could be aligning ones body pace and tempo with musical gestures and rhythms, or aligning one's music making to an external tempo or beat. Kim, Wigram and Gold (2009, p. 390) define musical attunement as "an intuitive and moment-by-moment process, sensitively tuning into, elaborating and regulating each participant's behavioural and emotional expressions through musical engagement. In music therapy literature, this is often likened to early mother–infant interaction". Affect attunement is described by Stern (1985, 2010) as a multi-modal phenomenon whereby the affect of a bodily gesture is attuned to by a communicative partner, and is expressed in a different modality to the original expression. For example, "an infant excitedly vocalises an upward then downward pitch movement, and the mother smiles and moves her head with the vocalisation so that the tip of her nose describes an inverted-U" (Trevarthen and Malloch, 2000, p. 12).

Principles of Errorless Learning (Duffy and Wishart, 1994) were important for Nathan and the sessions were structured in such a way that he would develop new knowledge by successfully building on the experiences of previous sessions. Activities were prepared in order that they were achievable but suitably stimulating to motivate and sustain his attention.

Nathan responded well to the devised provision for the most part, occasionally communicating through his behaviour when a task was too difficult. Through a critical reflection of the practice and consideration of the principles of Intensive Interaction (Nind and Hewitt, 2001) which consider every behaviour to be an attempt to communicate, it was possible to recognise potential antecedents to any frustrated or disengaged behaviours by exploring the specific nature of the task presented. This may have related to the area of challenge in expressive language for children with Down Syndrome, and responding to kinaesthetic and tactile communication as well as verbal communication enabled Nathan to make himself understood. Interpreting Nathan's behaviour in this way aimed to move away from a harmful stereotype of children with Down Syndrome being "obstinate" (Jaquiss and Paterson, 2005, p. 30) and seeks to empathise with Nathan's experience and understand his communicative behaviour.

By developing a trusting relationship and learning about each other's modes of communication, we developed a constructive twenty five minute programme where we made music together. Nathan expressed different emotions and constructed musical stories, extending his receptive and expressive language in the process (Pezzutti *et al.*, 2018). As the provision became more accurately pitched and increasingly accessible, behaviour which could have been perceived as challenging at the outset of the work, became less frequent. Nathan developed his capacity to communicate through musical choices, sign and gesture rather than relying on behaviour that may be disruptive or unsafe. Nathan developed his repertoire of musical skills in playing a wide range of tuned and untuned percussion, and particularly his improvised piano playing. His dexterity and fine motor skills improved incidentally through his motivated engagement with the instruments, while his understanding of visual methods of communication enabled him to develop interesting and often meaningful musical stories about a range of characters, life events and environments.

The work with Nathan supported his transition into his new home and school, and provided him with an opportunity to play musical instruments, explore narratives and emotions, and establish a musical relationship at his own pace. Crucial dimensions of this learning experience included recognising and valuing communication through modalities other than verbal language (Hehir, 2002) and developing a clear visual resource to accompany our playful interactions.

Case Report 3 – Griff's Music Making

Griff was fifteen at the time when we commenced our work together. He had a gentle demeanour and a passion for music, as well as a diagnosis of Down Syndrome, visual impairment and a severe learning disability (SLD)[18]. Griff's parents were eager that he receive instrumental tuition in parity with his sister, who was a prolific musician. Griff had engaged with music therapy successfully in the past and his parents recognised that music was a valuable medium for him to express himself in a range of contexts. It became apparent through our intitial interactions that much of Griff's communication was echolalic. While he enjoyed engaging in musical activities, he rarely shared spontaneous or original responses, as is recognised amongst some learners with Down Syndrome (Feeley and Jones, 2008).

Griff's parents' vision for him to engage in music education, and Griff's lively engagement with this vision, supported me to explore different frameworks to nurture this specific domain of development. In researching musical frameworks and approaches for young people with SLD or PMLD, there was only one resource of significance at the time. The Sounds of Intent framework (Welch *et al.,* 2009; Ockelford, 2015) builds on the outcomes of the PROMISE Report (Welch, Ockelford and Zimmermann, 2001; Welch *et al.*, 2015) exploring music education for learners with SLD/PMLD and provides practitioners with a cyclical model of musical development, in the domains of interactive, reactive and proactive music making.

This evidence-based model was invaluable in designing the provision for Griff, and enabled recognition of a mixed profile of attainment across three domains of musical development. This was useful to structure activities in such a way as to suitably

[18] See earlier discussion of Learning Disability or Intellectual Disability.

challenge Griff's musical development, and to facilitate this in line with the aforementioned learning profile (Fidler, 2005).

While this framework is most widely applied with learners who have PMLD, it was deemed the most relevant, evidence-based framework in relation to Griff's learning experiences, in contrast with the P Levels which lack rigour and music-developmental research (QCA, 2001; Ockelford *et al.,* 2005) and more mainstream approaches to instrumental tuition (Stringer, 2005; Mills, 2007; Barratt, 2011) which were too advanced for Griff's learning at the time. The lack of research and provision for musicians with learning disabilities in music education and music psychology is noted by Jellison (2000) and Welch *et al.* (2009).

As such, we embarked upon an exploration of a range of instruments and a range of alternative notation systems. Auditory instructions were simple and short, always accompanied by visual information such as sign and images (Meuris *et al.*, 2014). The alternative notation system used was designed with Griff's specific learning and communication profile in mind. Large, clear photographs were accompanied with words in a large font and brief rhythmic motifs in simplified standard notation. In line with Sounds of Intent framework (Ockelford, 2015) we explored a range of opportunities for proactive, reactive and interactive music making, exploring subtle developments in each domain. The Sounds of Intent website was an invaluable resource in confidently mapping Griff's progress and in sharing insight and ideas from other inclusive practitioners across the world (Sounds of Intent, 2018).

Engagement with the Sounds of Intent model (Welch *et al.,* 2009; Ockelford, 2015) enabled recognition of development in all three domains, as illustrated in Table 2:

Sounds of Intent, Domain of Musical Development	**At the Outset**	**Four Years Later**
Proactive	P2 – makes or controls sound intentionally	P4 – (re)creates distinctive groups of musical sounds (motifs) and links them coherently
Reactive	R2 – shows an emerging awareness of sound / R3 – responds to simple patters	R4 – recognises and responds to distinctive groups of musical sounds

	in sound (made through repetition or regularity)	(motifs) and the relationships between then (e.g. in call and response)
Interactive	I2 – interacts with others using sound	I4 – engages in dialogues using distinctive groups of musical sounds (motifs)

Table 2 – Griff's Musical Development at the Outset and the End of Our Music Making

Although the focus of the work was educational, there were a range of incidental non-musical outcomes, as Wylie (2006) and Jellison and Draper (2015) suggest is common in music practice with young people with additional learning needs. This included the development of a rich friendship, where we got to know each other and looked forward to our meetings each week: Griff waiting on the doorstep for my arrival and myself eager to leave my in order to travel to meet Griff and share in our music making. Griff developed his use of spontaneous expression, initially through musical expression and gradually through original verbal expressions. Griff incidentally learned to recognise whole words, a common reading strategies adopted by learners with Down Syndrome (Roch and Jarrold, 2008). As such, he recognised various words on a menu in a café which we had utilised as phrases for rhythmic motifs, and this enabled him to develop his agency and autonomy in ordering meals independently. Griff's parents recognised and valued these extra-musical developments that occurred alongside the intended musical outcomes.

Discussion

Engaging with the Learning Profile

While music lessons with Olivia, Nathan and Griff had varied objectives, the shared approach of exploring a potentially consistent learning profile as a tool for developing the provision appeared to be useful to each musician. For Olivia, the notation became increasingly visually memorable through the inclusion of colour, characters and motivating content such as familiar melodies. Incorporating sign supported

communication (Meuris *et al.*, 2014; SignAlong, 2016) and principles of Errorless Learning (Duffy and Wishart, 1994) enabled Olivia to develop her repertoire and skill level in a context that was meaningful and relevant to her learning.

Nathan's improvisatory music making was scaffolded with a visual schedule and visual representations of both instruments and story components. This enabled him to reflect upon the emotional, conceptual and musical content of our music making together, and enabled his development of both receptive and expressive language around the stories we told in music. Nathan became able to utilise musical or verbal communication to articulate his experiences rather than relying on behaviour to convey his message.

For Griff, visual strategies including colour coding, enlarged photographs and whole word recognition enabled him to access rhythmic and melodic motifs while incidentally developing his reading capacity. Griff developed spontaneous language through exploring pre-verbal communicative musicality (Malloch and Trevarthen, 2009) in the sessions and recognising his agency in music. Over a series of four years, Griff's communication became less echolalic and he developed his ability to communicate increasingly authentic and meaningful statements. We also developed a colourful friendship by exploring music together and learning about each other's sound world and world view.

Limitations and Critical Perspectives

While a gene-based approach may be considered simplistic and over-generalised, starting from an evidence-based understanding that musicians with Down Syndrome may learn in accordance with a given learning profile may be a means of celebrating neurodiversity: recognising the valid and different vantage points from which we develop musical provision. Assuming relevance of this learning-profile-based approach to all musicians with Down Syndrome would indeed be reductionist, as well as inaccurate based on the probabilistic approach described by Fidler (2005) and the need for an individualised approach outlined by Kendall (2017). It is also recognised that Olivia, Matthew and Griff may have shared visual, kinaesthetic learning styles (Gray and Macblain, 2015), rather than the proposed learning profile of children with Down Syndrome, and this may have been why the provision was relevant to their

learning needs. Equally, there may have been more effective strategies which weren't known or explored, which don't relate to the proposed learning profile either.

Implications for Practice

Considering this learning profile as a starting point from which to develop provision is a valid compromise between a medical model interpretation of disability, which recognises and situates deficit within the musician, and a social model interpretation of disability which would lay the responsibility of removing barriers to participation with societal structures and opportunities alone (Williams, 2013; Goodley, 2017). This approach therefore aligns more closely with a Nordic relational model of disability that mediates the medical and social models, recognising disability as an interaction between impairment and the environment (Kristiansen and Traustadóttir, 2004; cited in Goodley, 2017). This provides opportunities for recognising and celebrating the individual's learning needs and strengths, adapting the provision and environment to maximise this potential. This contrasts with strategies for 'inclusive' provision which don't interrogate or problematise the underlying discourse around normalcy and diversity, the politics of disablement, and how 'differentiation' for 'special' learners can lead to Othering and "reinforce totalising attitudes toward disability" (Penketh, 2016, p. 133).

Conclusion

This paper suggests that since musicians with Down Syndrome may be likely to engage with a particular pattern of development and experience in their learning (Bentley *et al.*, 2015), this can be interpreted as a recipe for success, rather than a checklist of deficiencies. Similar approaches are discussed in other disciplines, such as reading (Lemons *et al.*, 2018), medicine (Katsnelson, 2013) and education (Buckley and Bird, 2002; Bird, 2016). Applying this evidence-based approach to instrumental tuition could enable musicians with Down Syndrome to more successfully access provision, as well as enabling music teachers to feel increasingly confident to provide relevant, meaningful and constructive provision. This position of providing "multiple means of representation… multiple means of action and expression… and multiple means of engagement" to students is further recognised by Darrow and Adamek (2012; cited in Darrow, 2015, p. 215) as

application of the principles of Universal Design for Learning (Rose, Meyer and Hitchcock, 2006). From this perspective, developing broader methods of engaging in music education could benefit a much wider cross-section of learners, not only musicians with Down Syndrome, since “rarely do music educators find that instructional initiatives benefit only the students for whom they were designed” (Darrow, 2015, p. 31).

While the potential of approaches discussing ‘differentiation’ to perpetuate an ableist attitude is acknowledged and highly considered (Penketh, 2016; Moore and Slee, 2012), it is proposed that starting from the evidence-based perspective of musicians with Down Syndrome is far more person-centred than commencing ‘differentiation’ from the learning profiles of typically developing peers. It is hoped that the case reports provide insight into the recognition of personality, communication styles and musical preferences which shaped the work as much as the evidence-base. As Jellison and Draper (2015, p. 329) suggest: “The challenge for the music education research community is to provide evidence-based practices for the many music teachers in inclusive classrooms who are in need of this assistance and the millions of children with disabilities who deserve a quality music education.”

In considering the further implications of informed and effective provision, music provides an opportunity for an “able identity” (Magee, 2002, p. 179) and an expertise for disabled students: challenging peer, societal and systemic interpretations of their disabled identity (Rapley, 2010). In performing a piano recital in front of her peers and receiving her certificate, Olivia challenged her potential role as ‘the disabled student’ in the class and took on the identity of ‘the musician’: a transformative notion Lubet (2015) terms ‘social confluence’. Lubet (2011, p. 57-58) suggests that “music is the canary (…) in the educational coalmine, which can tell us more about society’s inclusive – or non-inclusive – praxis than might readily be imagined”. It is proposed that as well as articulating and communicating societal perceptions of disability, music can be a medium for challenging and transforming societal perceptions of disability too.

There is a significant need to continue to challenge the application of a medical gaze in musical, educational and therapeutic practices (Author, 2019). By chanllenging the reinforcement of the epistemology of special education in the language and discourses explored, further connection can be made between critical social

practices associated with Disability Studies and music education (Howe *et al.*, 2016; Bolt, 2016). It is hoped that this discussion will pave a bridge between medicalised and neurodiversity perspectives, providing tangible, informed examples of how we might develop relevant and meaningful provision, informed by an awareness of Critical Disability Studies and its application to research and pedagogic practice (Penketh, 2016).

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Appendix 6 - Valuing Neurodiversity: A humanistic, non-normative model of music therapy exploring Rogers' Person-centred Approach with young adults with autism spectrum conditions (Pickard, 2019).

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Valuing Neurodiversity: A humanistic, non-normative model of music therapy exploring Rogers' Person-centred Approach with young adults with autism spectrum conditions

Beth Pickard

Introduction

This chapter presents and reflects upon a non-normative approach to music therapy with two individuals who have autism spectrum conditions and profound learning disabilities over a period of six months, at a newly founded post-compulsory educational unit. The music therapy practice was informed by a person-centred approach (Rogers 1959, 2004; Cooper *et al.* 2013), a non-directive attitude (Raskin 1948, 2005; Levitt 2005), engagement with the techniques of pre-therapy (Prouty 2002) and a belief in a non-normative, social model of disability (Oliver 1990, 2013; Barnes 2014). These concepts will be defined and explored further, before being applied to the clinical practice.

These perspectives are potentially under-represented in music therapy literature (Straus 2014; Gross 2018) and the broader autism discourse (Goodley 2016; Woods 2017) in contrast with other established, behaviourist interventions (Keenan *et al.* 2006; Kalyva 2011) or more directive music therapy practices (Pasiali 2004; Thaut and Hoember 2016). While it is recognised that such interventions may generate

more measurable and generalisable outcomes, this chapter will consider whether framing the practice and its potential impact from an increasingly humanistic perspective can contribute to the social construction of disability (Rapley 2010), incorporating a narrative of both neurodiversity (Silberman 2015) and 'able identity' through music (Magee 2002, p.191).

Both young people were aged sixteen at the time of the clinical work, and were attending the newly established setting, affiliated with a local special school. The setting's focus was on developing functional, vocational, and social skills to encourage independence in the transition to adult life, primarily through a behaviourist-informed model, as well as exploring literacy and numeracy in applied contexts. This included developing simple culinary skills, exploring horticulture, campcraft, and developing familiarity and confidence on public transport. This focus on independence and social skills is prominent in the literature discussing the experiences of young people with autism spectrum conditions transitioning from education to adult life, and the numerous challenges they may face (Hume *et al.* 2014). While Wehmeyer (2015, p. 21) advocates that promoting self-determination in young adults with and without disabilities is critical for successful school, post-school and transition-related outcomes, in summarising the experiences of young people with autism spectrum conditions transitioning to adulthood, Wehman *et al.* (2014, p. 31) state that 'these findings indicate that in general individuals with [autism spectrum conditions] do not experience the autonomy or independence expected of youth transitioning to adulthood.'

It was hoped that the newly integrated music therapy intervention at the setting would complement the social and educational provision, providing an increasingly expressive outlet to the young people and a richer, interdisciplinary approach overall on their holistic progression to adulthood. The referral criterion for the centre is a primary diagnosis of autism spectrum conditions, and the referral to music therapy was often for the young people who communicated through non-verbal mediums and thus may have benefitted from accessing an expressive, creative intervention. The aforementioned focus in the literature on autonomy as a key indicator of successful transition to adult life (Hendricks and Wehman 2009; Wehmeyer 2015) was also an influence on the potential referral and trajectory of music therapy.

The first young person will be named Aleksander. He moved to the area from Poland several years ago, and had engaged with consistent support staff in his previous and current educational placements with whom he had an established, reciprocal relationship. Aleksander, full of energy and enthusiasm and very tall in stature, regularly jumped from his seat in perceived excitement and animation. He appeared to take enjoyment from several repetitive behaviours, including bouncing on the spot and waving his straightened fingers in front of his eyes. Aleksander could be affectionate and sensitive, developing his engagement with the therapeutic relationship significantly during the work. He also had a concurrent diagnosis of Beckwith-Wiedmann Syndrome, and communicated through his body language, eye contact, gesture and behaviour.

The second young person will be named Martin. Martin had more recently joined the setting and didn't have the same established relationships or familiarity with the staff team. His transition to the setting had been more challenging and he still appeared unsettled, relying heavily on the iPad which appeared to operate as a transitional object (Winnicott 2005; Levigne 2015) or perhaps an autistic object (Tustin 1980) in its omnipresence. Martin communicated through touch, eye contact, body language, and occasional sign or gesture; expressing his experience of initial music therapy sessions in his desire to physically leave the room. Martin enjoyed spending time lying down and appeared comforted at times by familiar nursery rhymes. He could be affectionate when he was in a calm mood, but when distressed his movements could become bolder, faster-paced and increasingly agitated.

The focus in this chapter on young adults with autism spectrum conditions who also have profound learning disabilities and communicate non-verbally represents an important demographic in terms of music therapy and autism spectrum conditions across the life span, as Howlin and Taylor (2015, p. 771) describe the life experiences of adults with autism spectrum conditions as 'woefully under-researched', within and beyond music therapy. Despite the assertion that 'arguably it is the client group [autism spectrum conditions] with which music therapy has the highest reputation' (Dimitriadis and Smeijsters 2011, p. 108), it appears that not all age groups or demographics of those who have autism spectrum conditions are equally represented in the literature. This was striking when searching for research to inform and develop the clinical work. The lack of literature around working with

clients with autism spectrum conditions of this age and stage of development was equally limited from the perspective of the non-directive, person-centred approach (Peters 1999a, 1999b; Pörtner 2000).

As such, the work was informed by literature around music therapy and autism spectrum conditions exploring joint attention and joint engagement as precursors to social interaction (Kim, Wigram and Gold 2009; Vaiouli *et al.* 2015); the person-centred and non-directive approach beyond music therapy (Rogers 1985; Prouty 2005; Levitt 2005); person-centred care and person-centred planning (Department of Health 2007, 2009, 2010); and the transition from education to adult life for young people with autism spectrum conditions, also beyond music therapy (Henninger and Taylor 2014; Wehmeyer 2015; Welsh Assembly Government 2016).

Approach to the Clinical Work

Social Model of Disability

I approached this work with a belief in a social model of disability (Oliver 1990, 2013; Barnes 2014). This paradigm advocates an understanding that 'a person's disability can be located within their experience of social relations and the ways in which difference and diversity are accommodated and thought about within society' (Thomas 2013, cited in Conn 2016, p. 11), and recognises a clear distinction between an impairment which may be physical or cognitive, and a disability which can be perceived as socially constructed (Goodley 2011). This contrasts with a medicalised, deficit-based interpretation of disability, or autism, as Conn (2016, p. 43) describes below:

> The Medical Model […] puts forward the idea that autism is an impairment within the individual that results in a 'deficit of skill' and a 'failure' to develop in ways that reflect a normal developmental pathway. The focus of a medicalised view of autism is fully on the individual, who is seen as requiring the support of interventions in order to develop the skills they are lacking.

A social model interpretation of autism, often expressed in relation to the construct of neurodiversity (Kapp *et al.* 2013), is offered by Silberman (2015, p. 18), suggesting

that in place of the individual developing what may be perceived as ‘lacking’ skills or deficiencies: ‘the cure for the most disabling aspects of autism will never be found in a pill, but in supportive communities’. As Davis (1995, p. 24; cited in Cooper 2013, p. 136) asserts: ‘[T]he ‘problem’ is not the person with disabilities; the problem is the way that normalcy is constructed to create the ‘problem’ of the disabled person.’

In line with this ethos, I didn’t endeavour to ameliorate perceived deficiencies or ‘failures’ in development or alleviate ‘autistic’ behaviours (Collins 2016), but rather to nurture personal, psychological growth through an approach that values neurodiversity as ‘an equally valid pathway within human diversity’ (Kapp *et al.* 2013, p. 59).

The ongoing transparency and sharing of the approach with the setting contributed to a systemic awareness of a social model interpretation of disability, and the potential for a social construction of disability to contribute to organisational and societal understanding. While acceptance of such perspectives may take a long time, an awareness of their potential may be a constructive starting point for a paradigm shift towards a non-normative model of engagement, interaction and therapy (Goodley 2016; Woods 2017).

Person-Centred Approach, Pre-Therapy and Non-Directive Facilitation

Against the backdrop of this belief in the social model of disability, I held the necessary and sufficient conditions of Rogers’ person-centred approach as core values of my non-directive clinical practice (Mearns and Thorne 2013). Rogers proposed that through the presence of the following definable and measurable conditions, growth would occur: psychological contact between therapist and client; incongruence of the client and congruence of the therapist; communication of empathic understanding and unconditional positive regard, from therapist to client (Rogers 1959, p. 213).

In relating the necessary and sufficient conditions to the notion of working non-directively, Moon (2005, p. 262) concisely asserts that ‘the client-centred therapist, when busily engrossed in the task of empathically and non-judgmentally receiving the client, has no agenda other than the agenda of the client, and, as a consequence, is working non-directively.’

In recognising that the first condition, psychological contact, can present challenges when working with clients with specific experiences, Prouty (1990) developed an approach entitled pre-therapy to facilitate and develop psychological contact and thus in turn enable psychological growth through the promotion of the necessary and sufficient conditions (Rogers 1957; Prouty 2005). Pre-therapy is typically explored when there is not deemed to be sufficient psychological contact between the client and therapist to initiate or maintain an empathic communication, or if the therapist lacks an empathic understanding of the client's frame of reference to engage with the necessary and sufficient conditions of the person-centred approach (Sommerbeck 2003; cited in Prouty 2005).

The framing of the empathic understanding as the therapist's responsibility feels important in light of a social model interpretation of autism spectrum conditions: 'shifting the imbalanced burden of adapting away from autistic individuals' (Woods 2017, p. 1094). This preparatory work towards engaging in person-centred, improvisational music therapy felt like a highly relevant framework to explore in relation to the specific needs and experiences of the young people at this setting.

While there is very little literature which uses Rogerian non-directive terminology in discussing music therapy practice, these sentiments felt representative of the music therapist's approach in the way music and the therapeutic relationship was explored to engage with the young people. It is proposed that there is potential for a close alignment between Rogers' person-centred approach, Prouty's pre-therapy and the social model of disability, in that Rogers was 'dismissive of psychological diagnosis of clients' and '[was] concerned to remove obstacles to the organismic valuing process' to enable 'constructive personality change' (Merry 2002, p. 51), therefore focusing on the individual's potential and not their diagnosis.

These sentiments reinforce Oliver and Barnes' (2012) views that disability resides within barriers to opportunities and experiences posed by society rather than deficiencies within the individual, and that by removing these obstacles, we can enable meaningful participation in society. Both theoretical perspectives, as well as the therapist's orientation, firmly advocate an inclusive response to neurodiversity as well as maintaining a belief in the individual's innate potential. In integrating these theoretical perspectives, the clinical aims didn't intend to '[change] a problematic or

unwanted behaviour… which should be improved or stopped by the end of the intervention' (Kalyva 2011, p. 2) but rather to enable and empower growth in the young people, from a non-normative perspective (Straus 2014; Goodley 2016), which celebrates neurodiversity and inclusion: 'clear[ing] a fertile space where the client is trusted to thrive according to his nature, values and choices' (Moon 2005, p. 262).

Moon (2005) continues to position Rogers' approaches in relation to ontology and epistemology in a way that aligns with the aforementioned paradigm shift away from a deficit-based, medical model interpretation of autism spectrum conditions:

> The trajectory of Rogers' theory is phenomenological in nature and forces client-centred therapy and the person-centred approach out of an objectivist, positivist Medical Model, and into a philosophical paradigm (Rogers, 1946; Rogers, 1951, p. 532; Rogers, 1959, p. 251).
>
> (Moon, 2005, p. 261)

Grant's (1990, p. 83) sentiment on Raskin's (1948) perspective on the non-directive attitude, as 'being humbled before the mystery of others and wishing only to acknowledge and respect them… an almost aesthetic appreciation of the uniqueness and otherness of the client' eloquently resonates with this person-centred, social model ethos and exemplifies Goodley's (2016) reference to celebrating neurological diversity and both recognising and valuing embodied difference. A further focus of this chapter will be to celebrate the potential of a non-verbal intervention, which moves away from a hierarchical view of verbal communication being more valid or accepted than other mediums of expression (Goodley 2016).

The Clinical Work

At the outset of the clinical work a four week assessment period was allocated, dedicated to establishing a therapeutic relationship and enabling clinical aims to emerge with the necessary and sufficient conditions of the person-centred approach in mind. An initial challenge to the music therapist was to reliably determine to what

extent the first necessary and sufficient condition, psychological contact, was possible. It is recognised that this challenge may be, in part, due to the music therapist's lack of familiarity with the young people's communicative methods, and thus time was taken to get to know and understand these valid, expressive behaviours. As Hodge (2013, p. 114) suggests: 'the client is a guide into a different way of being that the [therapist] may not yet be able to imagine'

This suggestion that the communicative inadequacy was that of the therapist, challenges Prouty's medical-model assertion that it is the client who is 'contact impaired' and needs to move towards the therapist's way of communicating (Prouty 2002). Here the framework of pre-therapy is recognised and applied but its positioning is challenged in order to be meaningfully integrated into a non-directive model of music therapy within a social model context: 'This turning of the gaze back on to the oppressor and the oppressor's conception of the human is a hugely important shift' (Goodley 2016, p. 148).

In recognising the importance of establishing the necessary and sufficient conditions, namely psychological contact, as the 'ingredients of the psychologically facilitative climate which promotes therapeutic change' (Thorne and Sanders 2013, p. 36), the next section will discuss in detail how Prouty's (2002, 2005) model of pre-therapy was engaged with, in recognition of the potential that the young people were not ready to engage with person-centred, improvised music therapy until this initial climate had been established.

Preparing to Engage in Non-Directive Music Therapy: Pre-therapy

It is proposed that during the initial assessment sessions with Aleksander and Martin, establishing perceptible psychological contact was an important milestone. Without verbal language to articulate potential connection or engagement, and with highly individualised communication methods as outlined in the clinical vignettes, determining reliable psychological contact felt like an important precursor to any relational work.

To develop psychological contact through pre-therapy, Prouty (2005) describes five categories of contact reflections which can facilitate what Rogers describes in psychological contact as: 'the therapist and the client each making a perceived

difference in the experiential field of the other' (Rogers 1957; cited in Levitt 2005, p. 29).

While much of the literature about pre-therapy relates to clients with schizophrenia (Prouty 1990; Prouty and Kubiak 1998; Prouty, 2003), dementia (Van Werde and Morton 1999) or psychosis (Prouty and Pietrzak 1998; Sommerbeck 2003); it could be argued that, in relation to the experiences of individuals with autism spectrum conditions, including challenges in social interaction (Roth 2010; Coleman and Gillberg 2012) and joint engagement (Vaiouli *et al.* 2015), there may be difficulties for the therapist in recognising psychological contact with clients with autism spectrum conditions too. This builds on the limited use of pre-therapy techniques in person-centred counselling with clients with learning disabilities (Peters 1999a, 1999b; Pörtner 2000; Krietemeyer and Prouty 2003).

It is proposed that the theory and practice of pre-therapy (Prouty 2005) can be meaningfully applied to the context of working in improvised music therapy with individuals with autism spectrum conditions, as demonstrated in the following clinical vignettes, and subsequently that each of the contact reflections (Prouty 2005) can be meaningfully achieved through music therapy techniques, enabling psychological contact and in turn psychological growth to become a possibility when it is not immediately accessible.

Engaging in Contact Reflections Using Music Therapy Techniques

The first of Prouty's (2005, p. 29) contact reflections: situational reflections, defined as 'facilitate[ing] reality contact for the client… concretely reflecting what is present in the client's environment', can be directly related to the music therapy practice of Situation Songs (Kolar-Borsky 2013; Kolar-Borsky and Holck 2014) where the therapist sings improvised lyrics to an improvised melody, expressing themselves musically and verbally: '[Situation songs are] directly related to the actual therapeutic occurrence… invented spontaneously by the therapist for the child, together with the child or by the child himself/herself within the situation' (Plahl and Koch-Temming 2008, p. 108).

Kolar-Borsky and Holck (2014) suggest that using the vehicle of a song can be a valuable way of securing the therapeutic space and maintaining the therapeutic attitude in music therapy, as well as bringing to the client's attention the concrete

occurrences of the therapeutic work. The first vignette shows the therapist using a Situation Song (Kolar-Borsky 2013) or Improvised Song approach (Oldfield and Franke 2005; Turry 2009) to provide situational reflections to the client (Prouty 2005), who appears slightly agitated in his first experience of the music therapy space:

Case Vignette

Martin appears to explore the perimeter of the room, occasionally reaching for and subsequently pushing away the hand of the teaching assistant who is supporting him during the session. Martin hasn't yet communicated an awareness of the music therapist's presence. The music therapist sits at the piano as Martin explores the space, and uses her voice to sing a simple melodic narrative about Martin's presence in the room. A metallophone crosses Martin's path and he tentatively explores it, producing a muted tone on some of the bars. The music therapist again sings to Martin that he is playing music in the room with the music therapist: naming the instrument, the music therapist, the teaching assistant and Martin himself. The pitches played on the instrument, as well as their inflection and articulation, are matched by the music therapist in the simple, improvised Situation Song. Martin doesn't appear to noticeably relate to the song, but the narrative follows his journey around the perimeter of the room and both acknowledges and values his contributions.

The second contact reflection in pre-therapy defined by Prouty (2005) is facial reflections, where engagement with and recognition of facial expressions develop the client's affective contact. There is a close parallel to situational reflections but this time the reality contact (Prouty 2005) narrated in the reflection is to focus on the client's facial expression rather than their engagement with their environment. While this is a way of bringing the client's affective experience into the verbal domain through articulation in language, and examples are seen in the therapist's use of Situation Songs (Kolar-Borsky 2013), affect attunement can also be achieved non-verbally or cross-modally through vitality affects (Stern 2010) and communicative musicality (Malloch and Trevarthen 2009).

This may further emphasise the distinction between the medical model position of working with clients with physical or mental health conditions who are perceived to

be unwell and working towards recovery and reintegration into verbal narratives (Chinna 2004; Prouty 2005), and the non-normative model of working non-verbally with clients with autism spectrum conditions who validly communicate in other modalities, and are developing psychological contact through mediums other than verbal language. There are also further perspectives, such as a recovery model (McCaffrey, Edwards and Fannon, 2011), which consider that transition from illness to wellness can be effectively facilitated through non-verbal mediums, emphasising the importance of music therapy as a non-verbal therapeutic medium.

To achieve Prouty's (2005) facial reflection I mirrored and matched Aleksander's facial expression and body language through a range of cross-modal responses to bring him into affective contact, as is described in the second vignette. Brief motifs are mirrored and developed, to achieve a 'biological mirror' (Papousek and Papousek 1979) or an 'amplifying mirror' (Schore 1994):

Case Vignette

Aleksander sways rhythmically in his chair and his attention appears to be drawn to the bright window. Suddenly his eyes open wide and his eyebrows raise, with an expression akin to surprise or shock. Following Aleksander's gaze, the music therapist plays a searching seventh on the piano keyboard and mirrors Aleksander's facial expression in her own. Aleksander makes eye contact with the music therapist and blinks heavily before repeating the expression. The music therapist mirrors his expression again in repeating the interval on the piano. Aleksander appears to attend to her as she plays and gradually his expression neutralises. This change is reflected in gentle, open chords on the piano, with a much softer articulation and eventually a grounding bass note. Aleksander's body language appears to relax and his swaying slows in tempo as he and the music therapist emotionally and musically attune. As a smile creeps to his lips the intensity of the music increases and the music therapist's body language vivifies to match the intensity of Aleksander's facial expression. Aleksander begins to clap in apparent excitement which is further mirrored in the music therapist's articulation and gradually more percussive and enlivened piano playing.

The third contact reflection is entitled word for word reflections: a method which particularly aligns with the non-normative, non-directive ethos of the practice. Here,

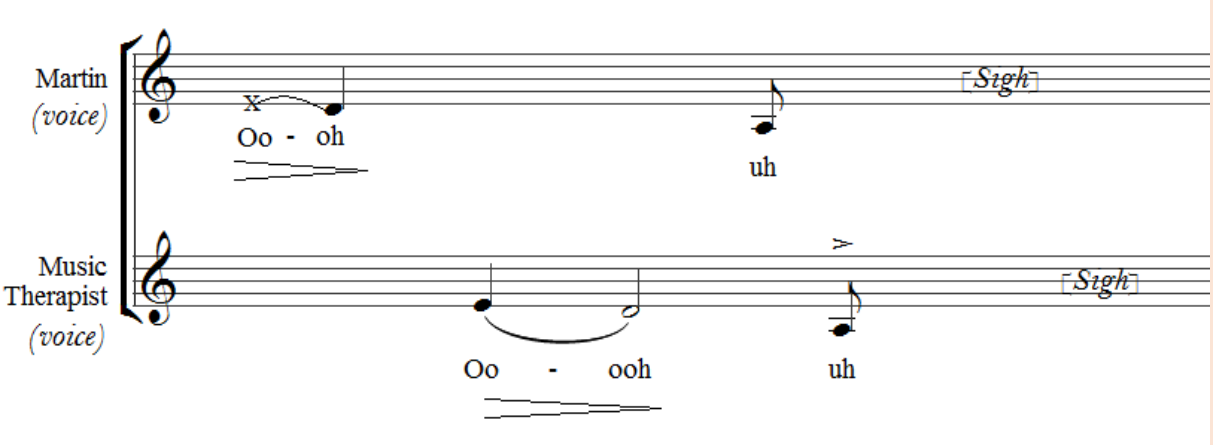
social language is reflected back ‘just as it occurs, word for word’ even if ‘it makes no conventional sense’. It is suggested that the direct reflections of vocal sounds may give the experience of being received as ‘a human communicator’, a potentially therapeutic experience in itself (Prouty 2005, p. 30).

Wigram’s (2004) writing about therapeutic improvisatory methods in music therapy, where sounds are mirrored and matched to meet the client at their level in an attempt to achieve synchronicity, align closely with this contact reflection. The intentionality of musical mirroring aligns closely with Prouty’s (2005) word for word reflections: ‘Mirroring: Doing exactly what the client is doing musically, expressively and through language at the same time as the client is doing it. The client will then see his or her behaviour in the therapist’s behaviour’ (Wigram 2004, p. 82).

Again, music therapy has the potential to be increasingly inclusive in this context since all modalities of expression are accepted, mirrored and valued, thus moving away from a hierarchy of verbal language over less socially prevalent or accepted behaviours and communications. If the client is to be received as a ‘human communicator’ (Prouty 2005, p. 30) and their preferred or sole medium of interacting with the world is non-verbal, then this should be nurtured, from an inclusive, social model perspective (Nind and Hewett 2001). Again, the challenge here is for services, institutions and society to adapt and learn augmentative methods of communication to enable authentic and meaningful participation in society (Gernsbacher 2006), rather than focusing upon normalisation of young people with autism spectrum conditions.

The third vignette shows the therapist engaging in what could potentially be framed as a dialogue with Martin, where his vocal sounds are mirrored as exactly as possible to support him in ‘perceiving the therapist making a difference in his field’ (Rogers 1957; cited in Levitt 2005, p. 29), thus achieving psychological contact.

Case Vignette



Increasingly inclusive and multi-modal communication is referred to in the contact reflection entitled body reflections (Prouty 2005). Prouty recognises that 'bodily symptoms… are a form of 'being-in-the-world' and, as such, express a person's existence' (Prouty 2005, p. 30), and advocates reflecting bodily expressions verbally as in situational and facial reflections, or by physically mirroring the behaviour, as discussed by Wigram (2004).

There may again be a significantly distinct context when reflecting upon the bodily expressions of those with autism spectrum conditions in contrast with the echopraxia and catatonia that Prouty and Kubiak (1998) discuss in clients with schizophrenia. Bodily expressions of individuals with autism spectrum conditions can be examples of non-verbal communication or stimming behaviours (Roth 2010) or evidence of valid sensory processing methods (Berger 2002). There are contrasting perspectives in the literature on musically mirroring, matching and bringing into focus these potentially unconscious or sensory-orientated behaviours and interpreting them as intentional or communicative.

In line with Rogers' person-centred approach (Rogers 2004) and Prouty's pre-therapy approach (Prouty 1990), bodily reflections could be interpreted as a vehicle for establishing psychological contact as one of the necessary and sufficient conditions for psychological growth, which is indeed very distinct from bringing these bodily expressions into focus for any 'curative' intention (Kirkham 2017).

The fourth vignette shows the music therapist using Wigram's 'Basic Therapeutic Methods' (2004) to engage in body reflections to establish further psychological

contact with Martin. Here the auditory dimension of musical movements further embodies the experiences of communicative partners:

Case Vignette

Martin reaches out and places first his flat palm, and soon after his forehead, on the cold metal cymbal. The music therapist reaches her flat palm to the skin of a nearby djembe and reaches out to appreciate its texture and temperature. Martin doesn't appear to pay significant attention to this gesture. Martin raises his flat hand suddenly to the air, as though he might strike the cymbal with it, but keeps it raised upright. The music therapist also raises her right hand with a similar intensity and poise. The movement in Martin's field of vision appears to capture his attention. Martin returns his hand slowly to the cymbal. The music therapist returns her hand slowly to the djembe.

[Later in the session]… Martin very lightly taps the tip of his right index finger on the cymbal, barely making a sound. The music therapist, [facing Martin by this time] gently rests her index finger on the opposite side of the cymbal rim, in Martin's field of vision. The music therapist mirrors Martin's movement and he appears to fix his gaze on her finger. Briefly he raises his gaze to sustain eye contact, before removing his hand from the cymbal.

The final contact reflection advocated by Prouty (2005) to initiate psychological contact is termed reiterative reflections. While a specific technique isn't outlined here, this is the suggestion of 're-contact', whereby any contact reflection which produces a response should be repeated (Prouty 2005). Such reiterative reflection could either be short term, in relation to an expression repeated within the session; or long term, in relation to expressions across multiple sessions during the therapy (Prouty 2005).

Contact Reflections (Prouty 2005): Summary

By engaging in Prouty's contact reflections for pre-therapy, psychological contact was explored and more confidently established with Aleksander and Martin, as demonstrated in the clinical vignettes, enabling a therapeutic relationship to develop and a 'fertile space' to be cleared (Moon 2005, p. 262) upon which both young people could begin to develop their autonomy and sense of self through the

therapeutic relationship, in accordance with their own values and communication styles.

While the notions of using imitation in typical development (Winnicott 1967; Stern 1985, 2010; Ammaniti and Ferrari 2013) or using imitation to engage and develop social skills in individuals with autism spectrum conditions (Field *et al.* 2001; Wigram 2004; Gernsbacher 2006) aren't new concepts, the careful and informed application of contact reflections and their music therapy equivalents, in the framework of a therapeutic engagement to nurture authentic communication strategies, as opposed to development of 'non-autistic communication' (Stone 2003; Gernsbacher 2006), is much less widely explored.

Focus of the Subsequent Clinical Work: Developing Autonomy

Following establishment of psychological contact through pre-therapy contact reflections (Prouty 2005) utilising music therapy methods, further clinical aims emerged for the remainder of the non-directive, improvisatory music therapy. The clinical aims that were developed, guided by the young people's experiences, included exploring musical improvisation as an opportunity for joint attention and shared engagement; exploring use of initiative and autonomy through music; and developing expression of emotions in a constructive way through musical experiences. These aims were explored through an improvised music therapy approach, with the necessary and sufficient conditions and inherent non-directive attitude maintained (Levitt 2005).

A shared aim for both Aleksander and Martin was the development of autonomy in their music making, with potential for meaningful transfer to broader communication and life skills. This aim was developed having microanalysed extracts of clinical work and noticing Aleksander and Martin's tendency to align with the 'Dependent' and 'Follower' roles in Bruscia's 'Improvisational Assessment Profile' for Autonomy, and the potential for this to limit their own capacity and potential for autonomous, initiated self-expression (Bruscia 1987; Wosch and Wigram 2007). It feels important to clarify that these aims were not developed as recognition of deficiencies or 'failures' in development, as Conn explained the medical interpretation of autism spectrum conditions to be (Conn 2016, p. 43) but as opportunities for growth to emerge through a non-directive therapeutic relationship.

In maintaining an evidence-based practice, published research around working with young people with autism spectrum conditions was consulted and while autonomy was seen as an attribute that could further empower Aleksander and Martin's psychological growth by 'remove[ing] obstacles to the organismic valuing process' (Merry 2002, p. 51), autonomy was equally mirrored as a core attribute in successful transition to adult life and to accessing educational and wider community inclusion outcomes for those with autism spectrum conditions (Wehmeyer and Palmer 2003; Hobson 2010; Wehmeyer *et al.* 2012; Wehmeyer and Abery 2013; Wehmeyer 2015).

The fifth vignette shows how non-directive person-centred music therapy practice empowered Aleksander to develop his use of initiative and autonomy in the sixteenth session, leading to autonomous selection of instruments, pacing of the session and direction of therapeutic engagement:

Case Vignette

There is a moment of silence. The music therapist mirrors Aleksander's posture and his relaxed gaze to the bright window. Gradually, Aleksander begins to rock his body gently. The music therapist gently nods her head in time with his body movement and slowly transitions to an oscillating open fifth on the piano to share this motif. Aleksander gradually becomes still again. The silence returns.

Aleksander quite suddenly gets to his feet and quickly reaches for the metallophone beaters, potentially expressing his desire to play the instrument. The music therapist moves her chair so as not to disrupt Aleksander's access to the metallophone. Aleksander sits back in his chair with intensity in his swaying body movement this time. He looks to the music therapist and before she responds he reaches out of his chair with the beater to make a bright tone on the metallophone. While the initiative to move the instrument closer isn't instinctive, a clear decision and intent was communicated in reaching for the beater and initiating a fresh musical motif.

The music therapist moves the metallophone within reach and Aleksander begins to play a familiar phrase of approximate octaves followed by a melodic descending motif. The music therapist reflects the grounding octave on the piano as an accompaniment and a playful dialogue emerges with the melodic motif, signalling a new chapter in the music making of this session.

Outcomes of the Clinical Work

The outcomes of the clinical work at the setting were multifaceted. There had been notable development for the young people in relation to the aims established from the therapeutic relationship and the holistic engagement with their ways of being, developed from a belief in 'the innate capacity of each person to reach towards full potential if given a safe, person-centred environment for growth' (Rogers 2013, p. 240).

Aleksander developed increased autonomy in his interactions with his environment, his peers and his tutors; documented in the sessions by increased engagement with the role of 'Partner' and 'Leader' as exemplified by Bruscia's Autonomy Profile (Bruscia 1987) and in anecdotal evidence from the school setting and Aleksander's parents. It was apparent in the therapy room as well as the broader school context and at home that he had begun to use his initiative more confidently to make choices and initiate interactions.

The progress for Martin was more subtle but no less significant. He steadily developed joint attention and joint engagement and began to tolerate, explore and potentially enjoy reciprocal social interaction, as is reflected upon in the sixth vignette.

Case Vignette

[Martin and the music therapist are both attending to the cymbal with their body language and gently begin to explore a vocal dialogue]… The music therapist softly sings, in a lullaby timbre, a Situation Song about Martin's posture attending to the cymbal. Martin appears to recognise his name being sung and turns to engage in eye contact with the music therapist. Martin reaches out his flat right hand to the music therapist who holds his hand in hers as she sings. Martin sustains eye contact and appears to listen to the song. Almost inaudibly at first, Martin offers a vocalisation in the pause between the improvised phrases of the song. The music therapist smiles and mirrors the inflection of Martin's vocalisation in the key and pace of the song. Martin sings this time a pitched phrase with more sustain and looks almost questioningly to the music therapist. The music therapist smiles again and repeats Martin's phrase with slight elaboration at the end of the phrase. Martin

smiles broadly and continues to offer another vocalisation and becomes a partner in the Situation Song.

Martin's engagement became increasingly sustained during the sessions and his use of verbal as well as non-verbal communication increased. While the musical content of the interactions remained tolerable to him at only a very simple level, this felt like important developmental work. Both clients' autism was as present and prevalent as at the outset, but person-centred, non-directive therapy and the human relationships this afforded provided opportunities for psychological growth: 'For Rogers, the key is how people are treated. If they were responded to in fundamentally positive, respectful and empathic ways… Rogers observed that individuals grew in a positive, prosocial direction' (Bohart 2013, p. 94).

Central to this work was an understanding of autism, advocated by the Neurodiversity Movement, as 'a harmless neurological difference rather than a pathology' (Kirkham 2017, p. 107). As such, addressing autism spectrum conditions was never the intention of the work, but rather enabling growth and for meaningful therapeutic relationships to develop.

Implications of a Person-Centred, Social Model of Autism Spectrum Conditions in Music Therapy

It is proposed that engaging with a person-centred approach to music therapy celebrates neurodiversity (Silberman 2015): engaging clients with an inherent respect for their unique qualities (Grant 1990; Rogers 2013) and their role as expert in their own experience (Woods 2017) rather than a focus on pathology or diagnoses (Kirkham 2017). This chapter seeks to demonstrate that music therapy is a particularly inclusive vehicle for engaging with Rogers' person-centred values, enabling clients with increasingly diverse communication styles and learning needs to engage in psychological growth through a discourse that values, accepts and nurtures their individual ways of being. This celebration of the individual aligns with the social model of disability (Oliver 1990, 2013) as the responsibility or 'burden' of adjustment is placed upon society, or in this case the music therapist, rather than the individual (Woods 2017).

While the demonstrable clinical outcomes have been briefly discussed, it is further proposed that by working from the perspective of the social model of disability as opposed to the medical model of disability, arguably the dominant discourse in autism studies (Graby 2016; Goodley 2016; Woods 2017; Kirkham 2017), there is a potentially significant impact on the client's experience of the therapy and of broader society. Inherent in this proposition is the inclusion of person-centred values (Rogers 2004) and recognition of language's contribution to the social construction of disability in society (Kapp *et al.* 2013; Kenny *et al.* 2016). Woods (2017 p1092) asserts that: 'The primary social barrier to be removed is the negative language and discourse of the autism label, such as deficit and disorder'. In light of these theories, it is suggested that by working in a way that removes the hierarchy of the therapist as expert (Wood 2008) and the hierarchy of verbal language as a primary medium of communication (Hehir 2002), there is opportunity for clients to take ownership of a neurodiverse identity and feel valued as a human communicator (Prouty 2005). There is a profound ethical and philosophical connotation to working with clients as human beings as opposed to as patients, diagnoses or pathologies, and further research is needed to explore the potential measurable impact of this way of working (Entwistle and Watt 2013).

While Rogers recognised the transferability of his approach in suggesting that it was not exclusive to therapy and could indeed be applied to any relationship (Rogers 1959, 2004), Prouty (2005) has further demonstrated how the approach can be adapted and developed for working with clients who may not verbally communicate their engagement with the necessary and sufficient conditions.

Natalie Rogers (2013) has demonstrated how the necessary and sufficient conditions can be explored through creative modalities other than verbal therapy, and many community music and community arts practitioners have demonstrated how therapeutic theory as well as social model thinking can be translated to arts in health and arts for wellbeing practices (Williams 2013; Shiloh and Lagasse 2014; Clements, Hughes and Stiller 2015; Gross 2018).

It is hoped that a paradigm shift towards this discourse of neurodiversity may challenge the perpetuation of ableism and internalised ableism both in the education system, therapy practice and in broader society (Campbell 2008; Hadley 2014;

Milton, Martin and Melham 2016; Bolt 2016) and enable wider engagement with an informed, person-centred model of music therapy practice with those with autism spectrum conditions, providing a 'growth-promoting environment through active and empathic listening with unconditional positive regard' (Kim 2010, p. 94) as opposed to curative aims (Kirkham 2017).

Critical Engagement with the Person-Centred, Social Model of Autism Spectrum Conditions in Music Therapy

Many of the theories and approaches that I draw from in this chapter pose inherent challenges and occasional contradictions, which feel important to address here. While an exhaustive discussion is beyond the scope of this chapter, some key critical points will be further explored.

Is the Assumption of Client Incongruence Commensurate with a Deficit-Based Model?

Having clearly allied with a social model of disability both broadly (Oliver 1990, 2013) and in specific relation to autism spectrum conditions (Woods 2017), the necessary and sufficient condition that the client is in a state of incongruence (Rogers 1957) may appear contradictory. While this is recognised and reflected upon, there may well be instances of client incongruence, not necessarily allied with the diagnosis of autism spectrum conditions, which are to be addressed through therapy.

For Martin, a lack of engagement with staff and provision at the setting as well as instances of potentially self-injurious behaviour were firmly communicated as areas of concern, and potential incongruence, at the point of referral. These experiences may or may not have been associated with Martin's diagnosis of autism spectrum conditions, however the focus of the therapeutic work was on developing congruence for Martin, not on removing or challenging any of his experiences of autism spectrum conditions. The consideration of whether these experiences can be separated out is one for further study.

How integral is insight or cognitive ability to the person-centred approach?

Rogers' writing discusses work with clients who communicate verbally (Rogers 1959, 1985, 2004) and he is said to have stated that he wasn't working with clients with learning disabilities or communicative challenges (Prouty 2002).

There is very limited literature on application of the Rogerian approach to working with clients with autism spectrum conditions and/or learning disabilities who may have limited engagement with verbal interaction (Flitton and Buckroyd 2002; Hawkins 2002); with increased focus in psychoanalytic (Wilson 2003) or psychodynamic approaches (Cottis 2009), as well as disagreement in the broader counselling literature about the potential of psychotherapeutic interventions for those with learning disabilities (Beail 2003; Wilson 2003; Hurley 2005; King 2005; Sturmey 2006; Willner 2005) and autism spectrum conditions (Koenig and Levine 2011, Volkmar 2011):

> Low cognitive ability has frequently been cited as a factor which reduces one's ability to benefit from counselling (Benson 2004, p. 353) and such clients 'are rarely offered the full range of psychotherapeutic options' (Mohr 2007, p. 13). However, 'over the past decade this assumption has been increasingly challenged' (Willner & Hatton 2006, p. 1) both explicitly and implicitly. (Raffensperger 2009, p. 498)

It could be argued that Rogers' approach is inherently inclusive in that its necessary and sufficient conditions for the client are psychological contact and 'that the client perceives, at least to a minimal degree […] the unconditional positive regard of the therapist for him, and the empathic understanding of the therapist' (Rogers 1959, p. 214). The extent to which the latter can be reliably measured is unclear, however the specificity of a 'minimal degree' potentially makes this approach accessible to those with profound learning disabilities and challenges in relating to the environment and other people.

Foley-Nicpon and Lee (2012) note that within their twenty-year content analysis of five counselling psychology journals, only 1% - 2.7% of content related to disability research. Their call for increased empirical investigation of disability in the field of

counselling and psychotherapy as an important aspect of diversity is a valid and important one (Foley-Nicpon and Lee 2012).

Critique of Rogers' Person-centred Approach

Rogers' work is widely and frequently critiqued for its rigour and effectiveness (Thorne and Sanders 2013), as is the potential and plausibility of working wholly non-directively (Brodley 2005). While it is vital to continue to explore and develop person-centred, non-directive practice to determine its potential and rigour, it is likely that it is the under-developed evidence base that contributes to the lack of acceptance of this work over more empirical and positivist interventions such as Applied Behaviour Analysis (ABA) which generate measurable scientific validation (Keenan *et al.* 2006; Odom *et al.* 2010; Kirkham 2017).

There is perhaps a methodological discussion to be had around whether it is possible to empirically measure the outcomes of person-centred work, and what the potentially observable outcomes may be. Further, there may be an ongoing debate around the hierarchy of evidence, and how subtle, sensitive therapeutic work fits this model (Aigen 2015). Aigen's writing has long reflected the tension in the music therapy profession between empirical, scientific research and the often individual, relational nature of improvised music therapy practice:

> This study was based upon the documented schism in the field that showed an incompatibility between research and clinical practice. The study demonstrated that music therapy research methodologists operated from a view of science congruent with the received view and that the philosophical assumptions of this view conflicted with the premises of creative and improvisational approaches to music therapy.
>
> (Aigen 2015, p. 13)

There is a need for an ethical discussion around the application of positivist, curative aims to working with those who cannot give informed consent to participation. While Kirkham (2017) references the perspectives of some autistic self-advocates on the use of ABA, the ethical and philosophical connotations of 'curing' or negating 'autistic

behaviours' (Kalyva 2011) needs further discussion (Runswick-Cole, Mallett, and Timimi 2016; Woods 2017).

Johnson (2011) provides an insightful discussion into the person-centred approach as 'disabled people's favored approach to counselling' (Swain, Griffiths and Heyman, 2003; Reeve 2006) while taking a critical stance about how 'conditions of worth can silence disabled people from talking about their experiences' (Johnson 2011, p. 260). Hodge (2013) further critically discusses ableism inherent in counselling and psychotherapeutic practices which may perpetuate deficit-based narratives and discourses; it is hoped that this chapter provides an alternative position in relation to the potential of therapeutic practice for both therapists and individuals with autism spectrum conditions.

Social model of disability as potentially reductionist or inapplicable to autism spectrum conditions

There is well documented critique of the social model of disability since its inception (Owens 2015). In a recent piece entitled 'The Social Model of Disability: Thirty Years On', Oliver (2013, p. 1024) recognises the limitations of the model: 'At no point did I suggest that the individual model should be abandoned, and neither did I claim that the social model was an all-encompassing framework within which everything that happens to disabled people could be understood or explained'.

The two main criticisms are that it a) doesn't engage with embodied experiences and b) fails to take account of individual differences (Thomas 2010; Owens 2015). While there are many articles which debate these issues with rigour and passion (Corker 1999; Meekosha and Shuttleworth 2009; Anastasiou and Kauffman 2013; Coleman-Fountain and McLaughlin 2013), Oliver (2013), reminds us, in a contemporary context, how destructive returning to a solely medical model could be, and the personal and political implications of abandoning the progress made since the social model was initially proposed, despite its limitations. Woods (2017) further demonstrates the relevance of the application of social model thinking particularly in relation to autism spectrum conditions in a contemporary context:

> The social model [of disability] should be shifting the burden of making adjustments away from autistic people onto Predominant Neurotype

> institutions. This can be done by changing the law or fully implementing existing legislation, such as local authorities' and NHS Trusts' obligations to The Autism Act 2009, along with institutions enacting reasonable adjustments under The Equality Act 2010, and also changing the autism discourse to take on positive connotations of autism by moving away from toxic words and debates like 'disorder' and 'deficit'. By doing this, Predominant Neurotype society will finally treat autistic individuals as equal to themselves, leading to full autism emancipation.
>
> (Woods 2017, p. 1094)

With an openness and awareness of the contrasting Nordic and other relational models (Söder 1982; Mallett and Runswick-Cole 2014; Runswick-Cole, Mallett and Timimi 2016), and recognition of challenges to the original conception of the social model (Owens 2015; Levitt 2017), Woods (2017) makes a passionate and informed case for the continued relevance and integration of complementary models of disability in the specific contemporary context of autism spectrum conditions.

Conclusion and Recommendations

This chapter proposes that through working from the perspectives of the social model of disability (Oliver 1990, 2013), person-centred approach (Rogers 2004) and a non-normative model of music therapy (Straus 2014; Gross 2018), psychological growth can be nurtured in individuals with autism spectrum conditions, in a way that is congruent with and respectful of '[their] own nature, values and choices' (Moon 2005, p. 262). Pre-therapy (Prouty 2005) has been demonstrated to be a potentially valuable transitional framework for clients not yet ready to fully engage in person-centred, improvised music therapy. Honisch (2014) rightly states that 'such a move requires engaging in a different set of critical concerns, beginning not with medical or clinical diagnoses, but rather with reflexivity, digging at the methodological foundations of both scholarly research, and the philosophical assumptions of therapeutic practice'. It is proposed that this paradigm shift from medical or clinical diagnoses to increasingly humanistic considerations was explored in the

engagement with this clinical work, and that the implications for the psychological growth of the young people demonstrates the potential of this perspective.

Gernsbacher (2006, p. 142) asserts that the perceived deficiencies of individuals with autism spectrum conditions needs to be turned on its head: ‘What was needed was greater social and emotional reciprocity — social and emotional reciprocity *by* the teachers and the researchers *toward* the autistic child’. Movement away from the accepted deficit-based paradigm (Kapp *et al.* 2013; Goodley 2016) could create opportunities for meaningful engagement and participation in society, achieved by ‘taking the focus away from individual impairment and shifting the gaze towards societal structures’ (Woods 2017, p. 1094). In response to this assertion, the provision and attitudes of services towards these young people could further enable them to more meaningfully integrate into and participate within their communities and society. As Sinclair (1993, p. 5) eloquently summarises:

> Approach respectfully, without preconceptions, and with openness to learning new things, and you'll find a world you could never have imagined. Yes, that takes more work than relating to a non-autistic person. But it can be done—unless non-autistic people are far more limited than we [autistic people] are in their capacity to relate. We spend our entire lives doing it.

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Appendix 7 - "It's Not *What's* Done, But *Why* It's Done": Music Therapists' Understanding of Normalisation, Maximisation and the Neurodiversity Movement (Pickard, Thompson, Metell, Roginsky and Elefant, 2020).

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"It's Not *What's* Done, But *Why* It's Done": Music Therapists' Understanding of Normalisation, Maximisation and the Neurodiversity Movement

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Abstract

This position paper offers our personal reflections as five music therapists from varying social and international contexts attempting to understand and engage with the theory, politics and implications of the Neurodiversity Movement. We begin by positioning our views on the importance of the therapist's intentionality when working with individuals for whom this social, cultural and political movement may represent central beliefs and values. The evolution of the Neurodiversity Movement is discussed, growing from the social model of disability and Disability Rights Movements to present a challenge to the dominant, medicalised model of disability. Throughout the paper, we invite critical debate around the role, position and attitude of the music therapist when working with neurodivergent participants, taking the powerful words of Autistic author and activist, Penni Winter, as our provocation. Finally, we offer our interpretation of key concepts and dimensions of this discourse, before sharing examples of how we might apply these understandings to tangible tenets of music therapy practice in different contexts through a series of brief composite case stories. Through critical reflection and discussion, we attempt to draw together the threads of these diverse narratives to challenge a normocentric position, and conclude by posing further questions for the reader and the wider music therapy profession.

Keywords: Neurodiversity, Ableism, Music Therapy, Autism.

Introduction

This position paper takes as its provocation the following quote by Autistic author and activist, Penni Winter (2012):

> Let me make it clear – it's not *what's* done, but *why* it's done. Some of the same therapies, such as social skills and life skills training, I know are used by those who don't subscribe to the Big Bad Autism viewpoint. They are seeking to simply grow their child's capabilities as an Autistic person, an approach I have started calling 'Maximisation', and a goal I wholeheartedly support. With normalisation, on the other hand, the ultimate goal is simply to rid the individual of any outward sign of their Autism. (Winter, 2012, pp. 115–116)

In responding to this provocation, we commence by critically positioning ourselves and providing a brief theoretical context to illustrate the proposed gap within existing music therapy literature which this position paper seeks to address. Following on, we introduce the Neurodiversity Paradigm, including potential critical interpretations, and explain our positioning and language choices.[19] We then offer some wider theoretical and political context to the evolution of the Neurodiversity Movement, including the politics of disablement (Watson, 2020) and the conception of the social model of disability (Oliver, 1983, 2013), including its relevance to autism and neurodiversity (Woods, 2017). Having provided this context, we then consider the implications for music therapy practice, training and research through some illustrative case examples. We conclude by inviting and warmly welcoming feedback from the wider music therapy community, and look forward to further debate on this important topic.

Positioning: Our Identity

This paper is written collaboratively by an international collective of music therapists who are socially located in multiple spaces: we are a group of music therapy clinicians,

[19] While we understand and concur that Autistic contributors should be central to knowledge construction in this field (Milton, 2014; PARC, 2019), we also encourage music therapists to share the responsibility for engaging with this learning, whether they identify as neurodivergent or neurotypical, and whether they are currently working with Autistic colleagues or not. Our work has been enriched since we have begun collaborating with Autistic music therapists who bring an important perspective and expertise to this discussion, for which we are very grateful.

educators, and researchers, with 5–40 years of experience in the field. We are women with different gender identities: cisgender and nonbinary. We come from Australasian, European, Middle Eastern, and Scandinavian countries, and have different cultural norms and religious beliefs. Some of us have lived experiences of disability, neurodivergence and/or a close relative's divergence, while others do not. No matter our social and political identities, we strive to be supportive allies and view human rights as an *us* rather than a *them* issue. We share a commitment to a critical exploration of our socially and culturally "bestowed knowledge" (Moore & Slee, 2020, p. 267) about disability, autism and more broadly, neurodiversity. The intention of this paper is to open a dialogue that curiously questions the paradigm through which we understand, discuss, conceptualise and engage with neurodiversity in the music therapy profession, and particularly to focus on our intentionality as music therapists. We endeavoured to ensure the voices of experts by experience, as well as Autistic scholars, were central to our developing understanding, through proactive engagement with Autistic music therapists, Autistic allies and music therapy participants,[20] as well as neurodivergent authors and self-advocates (see Bascom, 2012; Brown, 2016; Houting, 2019; Leza, 2020; Memmott, 2019; Sequenzia, 2019a; Walker, 2014, 2019; Wood, 2014). Kapp (2019, p. v) calls this important positioning and valuing of expertise: "Standpoint epistemology."[21] We do not intend or desire to speak for any Autistic people. In responding to Winter's (2012) quote as our provocation, our focus is largely on our role and intention as music therapists, a position we feel we can discuss with congruence and authenticity.

We see this commitment to acknowledging our responsibility as allistic,[22] neurodivergent and neurotypical therapists as "enacting inclusion" (Iannacci, 2018, p. x) by "shifting the imbalanced burden of adapting away from Autistic individuals" (Woods, 2017, p. 1094) and taking this responsibility ourselves. We believe that hearing and responding to the perspectives of the populations we serve is imperative to our commitment as music

[20] Discussion about the language of client, service user, participant, musician was deeply considered. While this is beyond the scope of this article, the authors chose the phrase *participant* intentionally to acknowledge the potential power imbalance of client/therapist, service provider/service user, etc.

[21] In line with this commitment, we have consulted and included a range of sources to underpin our discussion, some academic and others drawn from online Autistic and autism communities, the differences between which Neurodivergent Rebel (2020a) discusses here.

[22] Logsdon-Breakstone (2013) provides a useful definition of the term *allistic*, taken from Main (Zefram)'s (2003) original citation: "The word 'allism' (…) is intended to precisely complement 'autism.' It is based on the Greek word 'allos,' meaning 'other,' just as 'autos' (in 'autism') means 'self.' (…)". Our collective found this positioning constructive in recognising our lack of experience of autism, but the challenge we found with unanimously identifying with the term *neurotypical*.

therapists. As a profession, we inhabit a position of privilege and often power, and have a responsibility to critically reflect upon and challenge this position (Hadley, 2013).

We commenced this journey initially through individual projects (Metell, 2014; Pickard, 2019; Roginsky, 2016; Roginsky & Elefant, 2020; Thompson & Elefant, 2019) and came together to facilitate a Roundtable Presentation on this topic at the 11th European Music Therapy Conference in Aalborg, Denmark in July 2019, presenting our evolving discussion and collective learning to date (Thompson et al., 2019). The roundtable felt to us an important moment where we shared our shifting perspectives and challenging experiences and invited the wider music therapy community into the dialogue. Following the presentation, other practitioners, colleagues in other professions and experts by experience have approached us and further enriched our understanding (Elefant et al., 2020).

Positioning: The Gap in the Music Therapy Literature

We want to acknowledge and celebrate the music therapy scholars who have made an important contribution to the way we practise and understand our work. These scholars include in particular Randi Rolvsjord (2010), whose concept of Resource-Oriented Music Therapy has influenced the way we value each person's resources and potential, rather than focusing exclusively on their pathology, deficits or weaknesses. Community Music Therapy theory (Stige et al., 2010) has also contributed significantly to our practice through its emphasis on shifting the focus of music therapy work into a wider, social, and more emancipatory context, encouraging "musical participation and social inclusion, equitable access to resources, and collaborative efforts to nurture health and wellbeing in contemporary societies" (Stige & Aarø, 2012, p. 5).

While Resource-Oriented Music Therapy (Rolvsjord, 2010, 2014) has focused on the potential of the participant in music therapy, and Community Music Therapy (Stige et al., 2010; Stige & Aarø, 2012) has discussed the wider systemic context, we aim to more specifically focus on our intentionality as music therapists. Therefore, it feels important to clarify that in critically reflecting on case examples and existing research we do not seek to criticise existing practices or advocate a single way of practising. Rather, drawing from Young's (1990, 2011) notion of *consciousness raising*, we hope that this discussion will invite further critical reflection on existing attitudes and assumptions and challenge a normocentric position (Mottron, 2017).

Therefore, we invite readers to consider Winter's (2012) words for themselves, and to critically reflect on the *why* as well as the *what* of their own practices. We acknowledge that engaging with these concepts has been and continues to be a difficult journey for us as authors. We appreciate there may be challenging critiques or considerations for readers and members of the music therapy community too in potentially recognising elements of oppressive practice in our profession (Baines, 2013; Freire, 1974/2011). We hope this contribution can be seen as a compassionate step in professional development, and we welcome further feedback and response as we move forward together.

Defining Neurodiversity

The term *neurodiversity* is currently referred to as both a paradigm and a movement. Judy Singer (1999, 2016), informed by the social model of disability and the notion of biodiversity, initially used Harvey Blume's (1997) phrase *neurological pluralism* which she later condensed to *neurodiversity*, to represent the fact that there are neurological differences in the human population, of which autism is one (see Neurodivergent Rebel's (2020b) insightful introduction to the concept of neurodiversity). Singer (1999, 2016) called for a *politics of neurodiversity*, recognising neurodivergent people as a political grouping comparable with other identity groups, including those based on gender, class, sexuality and race (Jaarsma & Welin, 2012). Concisely, the Neurodiversity Movement "challenges the medical model's interest in causation and cure, celebrating autism as an inseparable aspect of identity" (Kapp et al., 2013, p. 59). As this definition suggests, the Neurodiversity Movement "goes beyond simply claiming rights and anti-discriminatory practices for neurodiverse people but argues for recognition and *acceptance* of (valuable) difference" (Runswick-Cole, 2014, p. 1121).

Central to the Neurodiversity Paradigm is the fact that the ontological status of autism is contested: "It [autism] is many varying things to each individual stakeholder; it is argued that autism is not a thing, but a debate about a thing" (Woods et al., 2018, p. 976). There is a wealth of rich literature debating these ideas which provide vital context to music therapists working in this field (see Armstrong, 2010; Davidson & Orsini, 2013; Kapp, 2019; Rosqvist et al., 2020; Runswick-Cole et al., 2016; Silberman, 2015; Waltz, 2013). We are reflexively questioning how these shifting ontological and epistemological stances about autism, neurodiversity and difference may shape our profession into the future.

Depending on our conceptualisation of normalcy and diversity, we may perform our roles as music therapists in very different ways. This could range from the language we use to articulate our practice to the way we refer participants into music therapy provision; from the musical content of our sessions to the power dynamics between participants in the room. While there are some authors exploring these ideas in relation to music therapy (Baines, 2013; Bakan, 2014; Fansler et al., 2019; Gross, 2018; Hadley, 2013, 2014; Metell, 2014, 2019; Pickard, 2019, in press; Rolvsjord, 2014; Shaw, 2019; Tsiris, 2013, 2018; Young, 2020), we propose that these considerations should be interrogated more widely throughout the profession. For example, while the politics of neurodiversity originated from Autistic advocates, this reframing of deficits to differences has resonated with many advocacy groups representing people with divergent bodies or minds.[23] Therefore, along with our discussion of Autistic activism, we also attempt to pay attention and respect towards the various other individuals and communities who identify as neurodivergent.

Critical Perspectives About the Neurodiversity Movement

While acceptance, recognition and celebration of difference are ideals that many people broadly support, there are also various critiques and opponents of the Neurodiversity Movement (Russell, 2019). For example, Baron-Cohen (2019) suggests that for individuals with intellectual disabilities[24] and other complex health conditions, a medical model interpretation of autism recognising *disorder* and *disease* rather than difference is more appropriate. Another critique is the assertion that while the Neurodiversity Movement may offer a constructive framework for Autistic self-advocates to articulate their experiences and perceived strengths, the model favours individuals who communicate in verbal or written forms (Baron-Cohen, 2019; Kenny et al., 2015; Ripamonti, 2016; Russell, 2019). Kenny et al. (2015) contend that the Neurodiversity Movement predominantly represents the views of articulate Autistic adults rather than the wider cross-section of society who are Autistic. However, Bailin (2019) disagrees, and in response proposes that:

> While there is a lot of overlap with the social model, the neurodiversity approach is primarily a call to include and respect people whose brains work in atypical ways,

[23] See for example The Neurodiversity Hub (2020) or Diversity and Ability (DnA) (2019).

[24] This terminology is used as the accepted label for this experience, however we wish to highlight that this language is problematic, and is not widely accepted by the neurodivergent community (see Sequenzia's]2019b] blog entitled *Intelligence is an Ableist Concept*). See Nunkoosing (2011) for a discussion of the use of learning disability over intellectual disability as well as the consideration of socially constructed disability.

> regardless of their level of disability (I will focus here on autism, but neurodiversity is about 'all kinds of minds'). This requires challenging our assumptions about what's normal, what's necessary and what's desirable for a person to live well. Of course, better accommodations and reduced stigma would improve our lives immensely. But so would a broader definition of a meaningful life. (para. 8)

While some researchers perceive it to be more difficult to engage with the perspectives of Autistic people with intellectual disabilities and other complex conditions (Baron-Cohen, 2019), one could argue that this is the dominant culture's limitation and responsibility to address (Pickard, 2019, in press), as Amy Sequenzia (2019b) asserts that using the social construction of intelligence as a reason to deny accessibility, respect and human rights is a highly ableist attitude.[25]

A further critique is offered in Katherine Runswick-Coles' (2014) assertion that Singer's (1999) *politics of neurodiversity* maintains an *us and them* dichotomy and fails to "challenge the subordination and commodification of difference" (Runswick-Cole, 2014, p. 1127). We consider this position seriously when applying our thinking about neurodiversity to music therapy, since we can see there is a risk of replacing the binaries of the medical model with another potentially exclusionary framework. Runswick-Cole (2014) suggests that one way to disrupt this dichotomy is to avoid reliance on fixed subject positions, "moving from a reliance on identity politics towards a politics of identity that steps away from essentialist claims (Ruffalo, 2009)," (Runswick-Cole, 2014, p. 1118). A similar discussion around resisting fixed categories can be found in the queering music therapy literature (see Fansler et al., 2019).

In addition, some authors express reservations that the Neurodiversity Movement is not yet supported by enough research evidence to support its claims about neurological differences, while others consider the neurological or biological evidence available justifies a medicalised rhetoric (Russell, 2019). In contrast, the Neurodiversity Paradigm is enriched as a social movement based on popular (i.e. non-academic) sources that speak from authors'

[25] Bolt (2019) provides a valuable summary of ableist conceptions of intelligence in academia in particular, referencing cognitive ableism (Berg et al., 2017), lexism which privileges certain forms of literacy (Collinson, 2014), sanism which privileges those who don't experience mental health challenges (Prendergast, 2014), audism which privileges a hearing landscape (Bauman and Murray, 2009) and ocularcentrism, described as the dominance of visual perception (Jay, 1994; Bolt, 2019).

lived experience of diversity: prioritising a “standpoint epistemology” (Kapp, 2019, p. v). While these more accessible forms of communication, such as blogs, vlogs, documentaries, essays and biographies may be the most valid and reliable documentation for a subject matter of this kind, social and medical systems still privilege scientific and often quantitative evidence over non-scholarly materials. This academic bias may also reflect the potential disconnect or lack of recognition of the Neurodiversity Movement in music therapy curricula, practices and research. Having said this, the original work on neurodiversity by Singer (1999) was a sociology thesis, and the Neurodiversity Paradigm was later developed in academic work by Nick Walker (2019). There are also contemporary examples of this paradigm in rigorous academic sources (see Kapp, 2019; Milton, 2020; Rosqvist et al., 2020).

Perspectives on Language

One challenging element of our collective experience was finding a shared language that we all felt comfortable to engage with. The language of disability and of autism is widely acknowledged to be contentious (Bottema-Beutel et al., 2020; Carroll, 2019; Flink, 2019; Ripamonti, 2016), since language contributes to the social construction of disability (Rapley, 2010). The international dimension of our collaboration highlighted this further, with contrasting language choices advocated by self-advocacy movements in different parts of the world (Cascio, 2015; Kenny et al., 2015).

For example, the language of the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; *DSM-5;* American Psychiatric Association, 2013) is inevitably medicalised and conceptualises autism as a *disorder* and a deficiency. The language of disorder was immediately challenged within our collective, with acknowledgement that this phrasing contributes significantly to a deficit-based interpretation of autism and neurodiversity (Bottema-Beutel et al., 2020; Goodley, 2017; Runswick-Cole et al., 2016). As such, the term Autism Spectrum *Conditions* (ASC) was favoured in discussing a spectrum of experiences rather than deficiencies, but the crucial positioning of language in relation to the individual still required exploration. Following the UN Convention on the Rights of Persons with Disabilities (UN General Assembly, 2006), person-first language was popularised as a way to acknowledge the *person* rather than the diagnostic label. Person-first language could include phrases such as *people who have autism*, *people on the Autistic spectrum*, or *people with autism spectrum conditions*. However, person-first language has been highly critiqued by the Autistic community since this approach separates the individual from their autism and

implies that it is not acceptable to be acknowledged or celebrated as an Autistic individual (Ladau, 2014; Ripamonti, 2016). Conversely, identity-first language posits that the person wouldn't be who they are without their identity as an *Autistic* person (see Figure 1). Reclaiming this language can symbolise taking back the power that has been historically seized from disabled people.[26]

Figure 1. Person-first Language vs. Identity-first Language (OverExplainingAutistic, 2017)[27]

Ladau (2014) proposes that person-first language should not be advocated under the premise that we are doing a favour to the feelings of disabled people. Rather, she advocates that "we should move towards acceptance and understanding of disability as just one of the myriad identifiers in our culturally rich and complex world" (p. 55). Bolton (2018) presents a similar position, focusing not on the semantics but the intention: "Recognition of essential humanity, self-worth, and intrinsic value lies not in language, but in being comfortable with and able to identify with one's condition. Therefore, while respecting others' views, I am both Autistic and a person with autism" (p. 981). We endeavour to be sensitive to this debate, and while we use identity-first language in this article in line with contemporary voices in the

[26] Bottema-Beutel et al. (2020) provide a thorough and accessible discussion on the potential of the language of autism research and practice to reflect and perpetuate ableist ideologies.

[27] This image is "a two panel comic titled 'Person-first Language vs. Identify First Language' drawn in a simple cartoon style with organic and slightly messy lines. Panel 1: a human holding a dog's leash. The human says 'Come on Autism, time for a walk.' Panel 2: A human wearing a shirt with the infinity symbol, smiling happily and flapping hands." (OverExplainingAutistic, 2017)

Autistic community (Bottema-Beutel et al., 2020; Kenny et al., 2015; Ladau, 2014), we appreciate each individual may choose to be acknowledged differently, and we respect this choice. We will return to consider the implications of language use for music therapists and the way we position our profession later in the discussion.

Wider Political and Theoretical Positions

Models of Disability

As therapists, our values and beliefs about disability ultimately impact our approach to practice. As Baglieri et al. (2011) concisely state, “There is no such thing as a view from nowhere” (p. 274), drawing on Nagel’s (1986) ideas. In collaborating together and sharing our perspectives as part of this collective, we have a growing awareness of how our understanding of diversity and difference, and our knowledge of the discipline of Critical Disability Studies (Baglieri & Shapiro, 2017; Goodley, 2017) has shaped our practice, research and pedagogy. There are a variety of models, lenses and paradigms in play around the world, including the individual/medical model, social model, interactional model, personal tragedy model and more (Goodley, 2017).

There is much critique of the various models of disability, most notably that they can be seen as simplistic, reductionist tools for understanding the complex experience of disablement or difference (Beaudry, 2016). Additionally, these paradigms can be seen as creating a binary from a rich and multifaceted topic (Anastasiou & Kauffman, 2013). We acknowledge these limitations, and in the spirit of the social model of disability’s author, Michael Oliver (1983, 2013), propose the inclusion of these models in our discussion merely as tools for making sense of our experiences and the experiences of those we work with in music.

The two most widely acknowledged and yet distantly related paradigms are perhaps the medical/individual and social models of disability (Goodley, 2017; Smith, 2008). The medical model of disability situates difference, as deficit, within the individual. The responsibility for the deficit resides with the individual, and any intervention seeking to address the difference will likely use principles of normalisation to target the individual’s difference. However, a medical model is not inherently oppressive, as those of us who seek to *correct* impairments such as failing eyesight can attest. Yet the risk within this position is

that it can go hand in hand with a belief that *all* difference *should* be corrected or eliminated. Conversely, the social model of disability evolved through the work of the Disability Rights Movement in the UK, and has since been widely acknowledged and accepted by international Disability Rights Movements.[28] By focusing beyond any impairment, the social model of disability considers individuals to be disabled by the society they live in, and the barriers society poses to their equitable participation and access to opportunities (Barnes, 2012).[29] Disabled activist and researcher, Michael Oliver (2013), explains his vision for the social model of disability "as a tool to improve peoples' lives" (p. 1025).

The main critiques (Owens, 2014; Shakespeare, 2016; Shakespeare & Watson, 2002) of Oliver's (1983, 2013) social model of disability are that it arguably negates the experience of impairment, and that it conceptualises disabled people as one unitary group, not considering issues of intersectionality including gender, race, sexuality, age. Oliver (2013; National Union of Students UK, 2018) responds concisely to these critiques, reminding us that the model was always intended as a tool to be consulted only when appropriate.

Despite the critiques, the social model of disability was instrumental in shining a light on the structural foundations of oppression faced by disabled people. The social model of disability therefore laid the ground for the United Nations Convention on the Rights of Persons with Disabilities (CRPD; UN General Assembly, 2006) which has since been embedded in many government social policies around the world. The Convention states that:

> Disability is an evolving concept. Disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others. (Preamble, para. 5)

There is evidence here of both a social model and an interactional model understanding of disability, notably moving away from the established and dominant medical model of disability.

[28] See Gross (2018) for an introduction to the social model of disability for music therapists.
[29] Our use of the phrase *disabled people* aligns with this social model understanding of disability, and signifies that we understand the person to be disabled by society, rather than *having* a disability within themselves.

In relation to our discussion around neurodiversity, we also appreciate an asset-oriented interpretation of disability (Heydon & Iannacci, 2008; Iannacci, 2018) which, allied to an affirmative disability paradigm, celebrates diversity and appreciates many of the strength-based attributes that are associated with various experiences, including autism and neurodiversity.

Whether we conceptualise and understand autism and neurodivergence as deficits, experiences of barriers posed by society, or assets, will influence how we promote, refer into, provide, design, evaluate and articulate our music therapy practices. We believe this is a central reason that music therapists should develop an awareness of the Neurodiversity Movement and consider its relevance and impact upon their practices.

The Personal is Political: Ableism

While the CRPD espoused promoting "full and effective participation" in society (UN General Assembly, 2006, Preamble, para. 5), it did not speak to something more invisible – that "marginalization is a relational concept, emerging in the routines of (and interactions between) non-disabled and disabled people, often experienced in deeply psychological ways" (Goodley, 2013, p. 633). As Oliver (1983) explains, different bodies and minds can and do have impairments that a person may wish to address. But identifying which bodies and minds are considered *normal* or *typical* is a matter of cultural, political and social consideration (Baglieri et al., 2011).

Fiona Kumari Campbell's (2009, 2013) work in describing ableism calls us to consider how dominant frameworks justify many forms of oppression such as ableism, racism, homophobia and sexism, that essentially oppress the existence of Others in society. Kumari Campbell (2013) defined ableism as:

> A network of beliefs, processes and practices that produces a particular kind of self and body (the bodily standard) that is projected as the perfect, species-typical, and therefore essential and fully human. Disability then is cast as a diminished state of being human. (p. 4)

In considering this profound assertion, we wish to acknowledge the call to examine our understanding of humanity, normalcy and diversity that the pioneers of the Neurodiversity

Movement present. Back in 1993, Autistic advocate Jim Sinclair wrote an open letter that we believe is a powerful illustration of the impact of ableist ideology. He states in this excerpt:

> There's no normal child hidden behind the autism. It is not possible to separate the autism from the person […]. Therefore, when parents say, "I wish my child did not have autism," what they're really saying is, "I wish the Autistic child I have did not exist, and I had a different (non-Autistic) child instead." Read that again. This is what <u>*we*</u> hear when you mourn over our existence. This is what we hear when you pray for a cure [...] that your greatest wish is that one day we will cease to be, and strangers you can love will move in behind our faces. (Sinclair, 1993; Sinclair, 2012, p. 16–17)

Despite Sinclair's (1993) challenging proposition, autism continues to be positioned as a problem needing to be cured, and even feared. Evidence of this positioning can readily be found in the media (Ellis & Goggin, 2015; Haller, 2010; Reading, 2018), popular culture (Ellis, 2014), literature (Baglieri & Shapiro, 2017; Barker, 2017) and even in our professional documentation (Pickard, 2018, in press).

Relevance and Implications for Music Therapy

We consider that these fundamental, ontological considerations about our understanding of neurodiversity underpin all aspects of music therapy theory, practice and research. A fascinating text by a collective of Autistic authors, *Loud Hands* (Bascom, 2012), presents several perspectives which attest to the centrality of this discussion to the music therapy community. As referenced in our opening provocation, Winter (2012) speaks directly to therapists and explains how our intentions matter: "Let me make it clear – it's not *what's* done, but *why* it's done" p. 115). As Winter (2012) demonstrates, the intention of our therapeutic approach has significant relevance to the paradigm through which we experience neurodiversity. If adhering to a medical model interpretation of autism, our therapeutic approach may seek to normalise, and reduce Autistic *symptoms*, enabling the individual to live (outwardly) more like their typically developing peers. If we subscribe to the Neurodiversity Paradigm, we might seek to maximise the child's capabilities *as an Autistic person;* not in spite of their identity as an Autistic person, but in acceptance and acknowledgement of this valid identity. It is proposed that music therapy can contribute to both neurodiversity and deficiency-based narratives in the construction of disability (Straus, 2014), through contrasting contributions in practice and in theory. In addition to the intentionality we bring to our work as music therapists, the language we use to articulate our

non-verbal practices to others, the challenge Ansdell (2001) terms the music therapist's dilemma, informs how the work is received and understood. As such, music therapy has been seen as a "normalizing enterprise" (Straus, 2011, p. 158) by some authors, who interpret certain research and definitions of music therapy as being aligned with the medical model.

One example of this ontological debate playing out can be taken from the TIME-A Trial (Bieleninik et al., 2017) which was the first multinational randomised controlled trial of music therapy for Autistic children. The TIME-A trial used the Autism Diagnostic Observation Schedule as the primary outcome measure to capture change in symptom severity before and after the music therapy experiences. However, the music therapy protocol itself was based on improvisational methods where the music therapists endeavoured to musically and emotionally attune to the child's holistic expressions while following their strengths and interests. The ontological premise of the outcome measure compared to the approach to practice appear to be at odds with each other and therefore we suggest that the intention behind the project as either a normalising or maximising enterprise is unclear.

In contrast, the non-profit organisation The Musical Autist (2020) was founded by Sunny, an Autistic self-advocate and CJ, a music therapist. The Musical Autist conceptualises its practice as a community music therapy initiative that accepts and celebrates neurodiversity. This organisation openly aims to create a space for cultivating Autistic culture, and therefore aligns itself clearly with a strengths-based view of autism.

To further consider the ways in which we engage with maximisation and normalisation agendas (Winter, 2012) in music therapy, we next present three music therapy practice examples from different perspectives. These examples are based on our theoretical and professional experiences as practitioners and educators, including sessions we have facilitated ourselves or observed in the settings we are employed. We therefore describe them as composite case examples to allow us to illustrate how the Neurodiversity Paradigm may inform our intentions, goals and actions in music therapy practice. Each example takes a different stance including: 1) that of a critical observer, 2) that of mindful parents choosing between two therapists, and 3) that of a reflexive conversation between the therapist and participant.

Composite Case Examples

Example 1: Promoting Typical Prerequisite Social Behaviours

Lillian, a music therapist, worked as part of a multidisciplinary team in a specialist autism clinic. The team delivered intensive behavioural interventions that aimed to address the core features of autism. Lillian based most of her practice on the literature showing that music therapy could promote joint attention in Autistic children. In an assessment meeting for Max, a 7-year-old Autistic boy, Lillian listened to the team describe how he never seemed to acknowledge their invitations to play or follow their instructions. Lillian believed music therapy could help and suggested to the team that music making with instruments could be a great way to motivate Max to look at social targets. The team agreed with Lillian's suggested objective: "When instrument is moved horizontally in front of child's face, child will follow instrument with eyes 80% of the time" (Polen et al., 2017, p. 65). The music therapy objective was aligned with a key behavioural intervention principle that there are prerequisite steps a child needs to achieve in order to support future social communication development (Dawson et al., 2010).

In the next session, Lillian focused on supporting Max's joint attention skills during instrument play. However, Max rarely looked at the instruments while Lillian played, and instead wanted to hold them, or play them on his own. At one point, Max became distressed when his own drumming was interrupted by Lillian's request to look at the triangle.

Over the next few sessions, Max's growing interest in the sounds the drum could make and his ability to respond to the musical cues of the therapist (even when he was not looking at her) were barely noticed by the team. Instead, Lillian continued to work on the eye-gaze objective because she believed it was an essential step in promoting the typical sequence of social communication development. The team's philosophy had obscured Lillian from considering that Autistic children may follow "an alternative sequence of learning" (Mottron, 2017, p. 821). By overlooking Max's strengths and interests, the clinic's approach could be considered *normocentric* since the objective may be interpreted as "suppressing autism itself [or] mimicking non-Autistic social behaviour" (Mottron, 2017, p. 823). Perhaps Lillian had missed an opportunity to offer Max a *strengths-informed* music therapy experience (Mottron, 2017, p. 823). This different approach may have led to Max experiencing a sense of personal accomplishment through being invited to access social musical play in a way that respected his Autistic humanity.

Example 2: 'Appropriate' Hand Movements

Anna is a 3-year-old child whose kindergarten has suggested that she might need access to more support. They have noticed her sitting alone when it becomes noisy in the kindergarten, moving her hands up and down. Anna loves music, showing her joy through movement and smiling, and her mother has therefore looked for a music therapist. Anna's parents meet with two different music therapists to discuss their options for therapy.

Ilse, the first music therapist, sees how Anna uses her hands, flapping and moving them in front of her face, she says that this is something they could work on together. Ilse explains that music therapy interventions can help to reduce *undesired behaviors* and increase more *appropriate* responses by engaging her in music making. For example, a child engaged in *appropriate* instrument play cannot also tap their fingers to stim (Music Therapy Kids, 2019). Isle explains that she can offer Anna's hands something *productive* to occupy them, like playing drums and waving scarves. Additionally, Ilse would use music Anna likes as a positive stimulus to motivate Anna to use her hands in an *appropriate* way. However, Anna's parents thought that her hand flapping was a joyful thing for her to do, and started to feel uncomfortable about making Anna change her ways of expressing herself.

Iara, the second music therapist, is employed by an Autistic self-advocacy organisation. Iara listens to the mother's experience of Anna and is curious about the observations the kindergarten has made. She shares that she works in a sensory-friendly way and that this includes acknowledging and celebrating stimming, which is how she perceives Anna's behaviour. Iara has learned from the Autistic community that stimming has an important function and explains to Anna's mother that she might need exactly those movements for comfort, self-regulation or re-directing sensory input (Agony Autie, 2018; Elefant et al., 2020). Iara highlights that music therapy can offer Anna opportunities for social, musical experiences and connection.

Iara's gentle sharing of information about autistic forms of expression, and explaining that the kindergarten community might also find ways to be more inclusive of Anna, have a deep influence on her parents. They decide to work with Iara's suggestions further, and also plan to connect with an autism advocacy organisation.

Example 3 - Understanding Diverse Expressions and Behaviour

Adi's parents decided that speech therapy was no longer needed for their 25-year-old son, and instead thought they would try music therapy. Adi has spastic quadriplegic cerebral palsy[30] and enjoys listening to music, dancing, socialising, hanging out at the mall, and going to movies. A gaze interaction device attached to Adi's laptop gives voice to the words he selects, using eye-gaze technology. However, the mechanical sounding voice of the laptop doesn't express his personality like his own vocalisations do, which include energetic high-pitched sounds and laughter. People close to Adi have come to understand what his different vocal expressions mean. Therefore, his parents are hoping to find a music therapist who will truly listen, attune, and encourage Adi's unique communication.

Yosef, a music therapist, met Adi with his parents to talk about what might be possible. Yosef found Adi quite self-contained: he would listen to a single song or a music-clip over and over, and Adi's parents explained that he could listen to his favourite selections for months. While listening, Adi engaged with his music by laughing, crying, or letting out loud shrieks. His parents told Yosef that they accepted Adi's expressions, however, they worried that other people would not. Adi typed a message to Yosef explaining that he loves to enjoy music in his own way, but wishes he could have a fuller social life.

Yosef listened and attuned carefully to both Adi and his parents, and together they discussed the advantages of more deeply exploring Adi's musicking behaviours in music therapy rather than trying to supress them. Over the coming months, Yosef encouraged Adi to explore the nature and significance of his expressions. Adi was able to describe his total immersion in music recordings and videos, and his deep enjoyment of each repetition so that he could focus on the smallest auditory or visual fragments. He explained how he would experience such bliss from each fragment that laughter or tears would follow. Adi also expressed his sorrow and loneliness

[30] While we have advocated identity-first language when discussing autism, informed by the Autistic community, there is currently not the same precedent when discussing cerebral palsy, and in this instance, person-first language is still advocated and thus respected.

when his enjoyment and expressivity was not acknowledged and accepted by others.

From a neurodiversity perspective, in music therapy, Adi's preferred forms of expression were recognised and accepted by others, rather than being denied or forced to change. Adi continued to celebrate his non-verbal, non-symbolic vocal expression with Yosef without fearing rejection. Yosef encouraged Adi to share the nature and significance of his ways of experiencing music and videos with close family and desired friends, and perhaps they too might gain new insight into the joy of music. Their conversations about the use of music offered a form of advocacy to Adi to claim his identity. Adi has since felt more connected to important people in his life and seeks out new opportunities for social participation.

Conclusion

As noted at the outset, we intend this position paper as a stimulus for discussion, as an introduction to the Neurodiversity Movement, and as an opportunity for colleagues and peers to reflect on these important ontological considerations: how do we conceptualise difference in our practice and what do we consider to be the intention of music therapy? We do not intend to advocate for a single or particular mode of practice or approach, but rather advocate for critical reflection on our assumptions, intentions and positioning as music therapists. We also seek to problematise normocentric positions (Mottron, 2017) and to advocate for Autistic or neurodivergent forms of expression.

After presenting a provocation from Winter (2012) and briefly positioning our social and political identities, we shared our insights and collective learning about the Neurodiversity Movement and the way it has deeply shaped our thinking about music therapy practices. Through the selection of composite case examples, we hope we have enabled readers to join us in a critical reflection upon the intentionality of our practices, and how this speaks of our understanding of normalcy and diversity. The case studies are not intended as neat, resolved examples, but as opportunity for debate, discussion and grappling with difficult ideas. We believe this focus is sorely needed in the profession and hope this provocation can be the stimulus for discussion and change as the profession continues to mature.

We welcome and implore other practitioners to reflect on their practice and continue the dialogue so that an inclusive and respectful agenda for music therapy will further evolve. We acknowledge that this written, academic form has significant ableist connotations, and will seek to disseminate this work in other media and through other opportunities to enable a wider audience to access, challenge and enhance our learning. We agree with Rolvsjord's (2010) emphasis on the importance of critically reflecting upon the positioning of our work and the stories we tell. In relation to our work with neurodivergent individuals, we believe further critical reflection on the *what* and *why* of music therapy is needed to move away from the perpetuation of deficit-based discourse and outdated expert models (Murphy & McFerran, 2017) and to incorporate learning from critical disability studies (Bodry & Schwantes, 2020; Pickard, in press). We acknowledge that there is much still to learn, and we look forward to further dialogue with readers and music therapy participants which may signpost us towards our next steps in this work.

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Appendix 8 - Construction of Normalcy and Diversity in Music Therapy Theory and Practice (Pickard, 2018).

- Full reference: Pickard, B. 'Construction of Normalcy and Diversity in Music Therapy Theory and Practice' (Conference Paper Presentation), *Lancaster University Disability Studies Conference*, Lancaster, UK, 11-13th September 2018.

Construction of Normalcy and Diversity in Music Therapy Theory and Practice

Beth Pickard

Abstract

This presentation will explore the potential harmony and dissonance in the music therapy discipline about the conceptualisation and communication of the dichotomies of ability and disability. As is recognised widely in critical disability studies, social construction of disability suggests that interactions, language and attitudes have significant impact on lived experience of disability (Rapley, 2010; Bolt, 2016). It is proposed that music therapy contributes to both neurodiversity and deficiency-based narratives in the construction of disability (Straus, 2014), through contrasting contributions in practice and in theory. Music therapy practice is widely recognised to be inclusive, affirmative and nurturing; celebrating non-normative ways of being and supporting clients to express their authentic self (Bunt and Stige, 2014). Conversely, as an allied health profession, music therapy engages with medical diagnostic criteria and often medical referrals, contexts and perceptions (Wigram, 2006; Aigen, 2015). The language of therapist and client has been discussed in talking therapies as generating a hierarchy of knowledge and experience (Rogers, 1980; cited in Mearns, Thorne and McLeod, 2013), and this hierarchy may be perpetuated in the transfer of this vocabulary to music therapy (Rolsvjord, 2014), despite the aforementioned potential harmony of partnership working in practice. Many theorists have explored the junctures between music therapy and other disciplines, including: music psychology (Cross, 2014; Ansdell, 2014); music education (Ockelford, 2008; Mitchell, 2016); music sociology (Procter, 2011; DeNora, 2015) and psychotherapy (Bruscia, 1998; Mössler, 2011). Each of these disciplines have their own conception

and interpretation of disability, articulated in the professional language they engage with. It is proposed that the translation of affirmative, non-verbal practice into clinical, verbal narrative, as well as the related professions with which music therapy shares vocabulary and professional recognition, can blur the constructs of normalcy and diversity in the discipline (Ansdell, 2001; Gross, 2018; Pickard, In Press).

Keywords: music therapy, disability, normalcy, diversity, discourse, language

Introduction

This presentation builds on a wealth of rich and informed writing which seeks to explore the boundary and intersections between music therapy and disability studies (Tsiris, 2013, 2018; Straus, 2014; Cameron, 2014; Gross, 2018). This relationship hasn't historically been a harmonious one, exemplified in Tsiris' (2013, 2018) poetic analogy 'Music Therapy and Disability Studies: A Misunderstood Guest, A Misunderstood Host'. This presentation will particularly focus on potential challenges in what Ansdell (2001) cites as 'the music therapist's dilemma': in translating the practice of music therapy into verbal language and theory, potentially shifting the discourse and narrative of the often non-verbal practice in the process. This will particularly be explored in relation to working with disabled people and how this paradigm shift from affirmative to normative discourse has significant implications for both the future of the practice and the lived experience of disability (Rapley, 2010).

Having reflected on the evolution of the music therapy discipline (Bunt and Stige, 2014; Odell-Miller, 2016) to Health and Care Professions Council Allied Health Profession status in 2006, an illustrative case study will be shared, with two contrasting narratives, informed by a disability studies and medical model perspective, respectively. While both narratives are arguably representative of the music-centred, non-verbal practice, the translation of the musical practice into verbal narrative demonstrates the power of language to represent the practice in different ways, and the implications and connotations for both participants and the wider discipline.

While Odell-Miller (2016, p. 6) suggests that "nomenclature is not necessarily the salient issue, but what we actually do, how we think and how we respond to the

environment and to others around us who need our services", it is the articulation of this doing, thinking and responding which communicates our practice across disciplines. And it is upon this articulation, termed by Ansdell (2001, p. 2) "the music therapist's dilemma", that this presentation focuses. Critiques of music therapy theory and practice will be considered in relation to the illustrative case study as well as implications for music therapy curricula and training programmes.

Music Therapy and Disability Studies

While many of those who engage with music therapy are disabled people (Bunt and Stige, 2014; Gross, 2018), the impact of the growing and influential discipline of Critical Disability Studies (Watson, Roulstone and Thomas, 2014; Goodley, 2017) is perhaps less evident in music therapy than in other disciplines (Bolt, 2016; 2019). There have been some dedicated opportunities for exploring the intersections between these disciplines such as a Special Issue of *Voices: A World Forum for Music Therapy* in 2014 (see Honisch, 2014; Straus, 2014; Rickson, 2014; Miyake, 2014; Rolvsjord, 2014; LaCom and Reed, 2014; Hadley, 2014; Cameron, 2014; Bakan, 2014) and responses from music therapists such as Giorgos Tsiris (2013) to collections about Music and Disability Studies which discuss music therapy either very little (Lerner and Straus, 2006; Lubet, 2011; Howe *et al.*, 2016) or very sceptically (Straus, 2011; Straus, 2014).

While it is acknowledged that there is a rich field of research around music and disability that doesn't relate to music therapy, there is too a breadth of relevance that music therapy and music therapists can bring to this interdisciplinary discussion. As Giorgos Tsiris (2013, p. 340) suggests "as it happens in any dialectical relationship […] music therapy does not have only to take, but also to offer a wealth of knowledge and practices to the field of disability and music".

In a recent presentation at the 'Cripping the Muse' summit on Music and Disability Studies, Tsiris (2018) reiterated his analogy of Music Therapy as a 'misunderstood guest' and Disability Studies, as a 'misunderstood host' and welcomed further dialogue between disciplines, professions and researchers.

But to understand the genesis of this potential culture clash and proposed "misunderst[anding]" (Tsiris, 2013, p. 337), it seems important, particularly at an

interdisciplinary event such as this, to at least attempt to define the potentially lesser known and often misrepresented discipline of music therapy.

Defining Music Therapy

In his seminal text entitled, *Defining Music Therapy*, Bruscia (1998, p. 20; cited in Edwards, 2016, p. 3) provides a succinct summary of his perspective on music therapy: “Music Therapy is a systematic process of intervention wherein the therapist helps the client to promote health, using music experiences and the relationships that develop through them as dynamic forces of change.” It interesting to note the use of the phrase “the therapist helps the client” (Bruscia, 1998, p. 20), which suggests an expert-patient hierarchy, or therapist-client binary, which many have since recognised as problematic (Rolvsjord, 2014).

Bunt and Stige (2014, p. 18) provide a more collaborative definition in the second edition of their text, amending “patient” to “patient/participant” to recognise the medical and social model potential of music therapy practice: “Music therapy is the use of sounds and music within an evolving relationship between patient/participant and therapist to support and encourage physical, mental, social, emotional and spiritual well-being”. As a comparison, a later and more local definition is proposed by the British Association for Music Therapy (BAMT, 2015), suggesting:

> Music therapy uses (…) musical components (…) to provide a means of relating within a therapeutic relationship. In music therapy, people work (…) to create a musical language which reflects their emotional and physical condition; this enables them to build connections with their inner selves and with others around them. The therapist’s approach is informed by different theoretical frameworks, depending on their training and the health needs which are to be met.

Each of these widely accepted definitions place music and relationship as central to defining the profession. Further important comments are included by Tsiris (2013), in response to Straus’ (2011) assertion that “[music therapists] seek to cure, remediate or normalize their patients”, in noting that “music therapy is not something that music therapists do *for* or *to* people who are passive ‘recipients of care’. Music therapy is

something that music therapists do *with* people", adding that "the expert-patient dichotomy between therapist and client has no place here" (Tsiris, 2013, p. 339). While a medical model interpretation of therapy may by definition focus on curative, rehabilitative or remedial aims (Stevenson, 2010), Paul Nordoff and Clive Robbins, widely recognised as pioneers of the music therapy profession, clarified back in 1971 that "we must widen our concepts of therapy […] A therapy which has a goal of the freeing and development of the individual within universal human principles is more effective than one that aims to normalize" (Nordoff and Robbins, 1971, 1992, p. 56). This vision is perhaps more aligned with the original Greek meaning of *therapeia:* "namely the human qualities of caring, attending and serving" (Bunt and Stige, 2014, p. 17). A valid and important question, however is how Nordoff and Robbins' early vision of music therapy, "increasing people's possibilities for action" (Ruud, 1998, p. 51), an affirmative, human and enabling vision, has been translated into a "normalizing enterprise" and an "intellectual ghetto" in the lexicon of respected colleagues in closely related disciplines (Straus, 2011).

Tsiris (2013, p. 338) goes some way to answering this question by acknowledging that music therapy is not a "homogenous entity" but rather incorporates a vast breadth of theoretical and philosophical frameworks as well as models of practice. While it is important to consider that the evolution of the profession to a protected discipline of the Health and Care Professions Council in 2006 may well have shaped the language, practice and discourse to an extent, a concern raised by Procter (2002) and Ansdell and Pavlicevic (2008) amongst others at the time, there certainly are many music therapy approaches which present an enabling, social justice (Aigen, 2005; Ansdell, 2015) and social capital agenda (Procter, 2011) as well as a social model of disability stance (Gross, 2018; Pickard, 2019). In order to present with clarity and relevance to practice, this presentation is focusing specifically on the practice of music therapy with disabled people, and is commenting on the construction of normalcy and diversity in the profession in this context.

That is to say there are models of practice within the profession which align more closely with medicalised interpretations of illness and health, such as a recovery-orientated model of practice in mental health (Silverman, 2015; McCaffrey *et al.,* 2016; Solli and Silverman, 2016) or a neuroscientific, rehabilitative model in neurologic music therapy (Thaut and Hoemberg, 2016).

However, this presentation is specifically going to discuss, through an illustrative case study the practice of improvised, person-centred music therapy with a young man who has cerebral palsy and a learning disability. To illustrate the potential of language to contribute to the social construction of disability (Rapley, 2010) and the potential misrepresentation of a non-verbal, egalitarian practice, the case study will be presented through two contrasting lenses which translate the musical practice into competing paradigms and narratives. This challenge of translation and misrepresentation will be further discussed as well as the implications for the discipline.

Illustrative Case Study

Full consent has been sought and agreed to share this case study with you today. L was twelve at the time of engaging with music therapy, and was referred by his class teacher in school in order to consider whether music therapy could contribute to L's communicative abilities. L was relatively passive in his engagement with his class, his teacher and his peers, and rarely used vocal communication or active strategies to engage with his environment or social opportunities. In line with theories of wellbeing that consider autonomy, relatedness and connectedness to be core components of wellbeing (Ryan and Deci, 2000), exploring L's potential for developing his communicative capacity and agency felt like a valid goal for initial music therapy sessions. Weekly sessions were proposed to L and his family and subsequently arranged, in order to explore communication, agency and expression through music.

The following four minute extract is taken from the eighth weekly session, and illustrates a moment of connection between L and the music therapist. The extract is initially presented in film in order that the music represents itself, before it is further described in two contrasting verbal narratives.

[Film – 3 minutes]

As Ansdell (2001, p. 2) terms, "the music therapist's dilemma", it is challenging to translate the musical language of the work into the verbal explanatory discourse which makes it accessible and communicable to a wider audience and to academic and research communities. While Ansdell (2001) proposes that any discipline and

profession is necessarily built on a discourse with ideological and political consequences, it remains to be seen whether the discourse underpinning this work is maintained in its translation into verbal narrative or whether something is lost in translation. To demonstrate the potential for articulating this non-verbal practice in varying verbal paradigms, two competing narratives are presented. The first, the narrative of the music therapist who's intentions are represented and who's reflexive experience of the interaction necessarily informs her perception. The second, is a (simplistic) medical model narration of the interaction, demonstrating the potential of linguistic discourse to alter the essence of the non-verbal practice.

Potential [Contrasting] Narratives

From an affirmative, social model stance, the musical collaborators would be named and seen as partners in this mutually created dialogue. L's ways of being are valued and celebrated, and responded to through mirroring, matching, empathic improvisation and accompanying (Wigram, 2004). The initially responsive contributions are celebrated as evidence of L's active listening and capacity to respond, before the shift to increasingly autonomous and original musical motifs are celebrated as evidence of leadership (Bruscia, 1987) and musical development (Ockelford, 2005, 2008). The challenge of accessing the guitar is a limitation of the instrument, the responsibility of the therapist to address.

Conversely, a medical model stance would consider the contributors to be client and therapist, with an implied hierarchy in the application of this terminology (Rolvsjord, 2014). The client's expression and ways of being are articulated in terms of deficiencies and deviances from normative expectations. The work is described as a clinical intervention, whereby the therapist's 'insightful application of specific techniques' are responsible for guiding the client to a dominant mode of communication. The challenge of accessing the guitar is the client's responsibility and fine and gross motor skills need to be developed to address this.

Discussion

While it is evident that the music therapist has the autonomy and capacity to choose the language and discourse through which she articulates the practice, this depends on her awareness of the potential of language to socially construct and perpetuate normalising interpretations of disability and diversity (Rapley, 2010; Goodley, 2017).

As a scholar of both Critical Disability Studies and Music Therapy, the author takes a stance in articulating the practice in line with a non-normative, affirmative agenda, as many other informed and enabling colleagues do (Ansdell, 2015; Thompson, 2018). However, the language of the profession, doctrinated in the Health and Care Professions Council's *Standards of Proficiency* (HCPC, 2013) and the Quality Assurance Agency's *Benchmark Statement* for teaching Arts Therapies in Higher Education (QAA, 2004), largely subscribe to medical model and deficiency-based narratives, perpetuating the potential tension between Straus' understanding of music therapy as a normalizing ghetto (Straus, 2011) and Nordoff and Robbins' intentions of music therapy as a universal human principle (Nordoff and Robbins, 1971, 1992). Bunt and Stige (2014) reference the changing landscape of music therapy in the second edition of their seminal text, noting that the "ecology of human development requires awareness about its social, cultural, spiritual and political contexts" but that the "ecological perspective that informs [their] writing does not exclude those that are narrower or more focused".

As is alluded to in reference to the two documents which underpin the training of music therapists in the UK (QAA, 2004; HCPC, 2013), it is proposed that the initial and continuing education of music therapists has a vital role to play in promoting the challenge of systemic and unexamined assumptions about normalcy and diversity, and that the incorporation of a Critical Disability Studies lens into the curriculum could be a valuable opportunity for enabling practitioners to make informed choices about the translation of their practices into verbal narratives (Pickard, 2018).

In discussion with colleagues, locally, nationally and internationally, most will agree with Robbins' early vision that normalisation is a narrow and irrelevant interpretation of therapy in relation to music making with disabled people. However, many colleagues, and particularly educators, note that this perhaps isn't discussed as overtly or explicitly as students may find useful during training. This is echoed in the tone of Gross' (2018) informative and insightful article discussing the relevance of a social model interpretation of disability for music therapists, which assumes little or no previous introduction to models of disability or interrogation of ableist or normative agenda in practice.

Conclusion

To conclude, this presentation is in no way intended as a criticism of the work of music therapy colleagues, who engage in meaningful and valuable practice, working alongside disabled people to make music. There is however an acknowledgement that in reporting about this work and articulating within and beyond the profession, “outdated expert-models still exist” and “there is persistence in working from a medical model framework” (Murphy and McFerran, 2017, p. 311). Odell-Miller (2016, p. 7) suggests that “there are still questions in all countries about whether music therapy is an art, a science, allied to medicine, a psychological or sociological treatment or all of these phenomena” which will inevitably impact the articulation of the work through verbal narratives too.

There is also a crucially important distinction between music making by disabled people, music education for disabled people, and music therapy with disabled people – where “therapisation” of artistic processes is rightly challenged; a valid point shared by Liddiard, Runswick-Cole and Goodley (2018) amongst others.

This presentation is however a reflection on the significant impact a Critical Disability Studies perspective can have on the profession: from training and curricula; to practice and engagement in the moment with others; to articulating outcomes to family, multidisciplinary professionals and a wider audience; and to developing and communicating theoretical ideas and outputs in the academic community.

While the professionalisation of the discipline to an Allied Health Profession enables rigorous and clearly defined ways of working (Barrington, 2008), it is vital that the authenticity and integrity of the work is articulated effectively to avoid misrepresentation of the practice and its affirmative agenda.

In conclusion perhaps the very title “therapy” has attracted negative connotation and needs revision, similarly to the language of disability over time. Despite its original Greek meaning of “the human qualities of caring, attending and serving” (Bunt and Stige, 2014, p. 17), perhaps the current understanding of this term does not accurately represent the work of a communicative partner, musical collaborator and active listener.

Powerpoint Slides

Lancaster Disability Studies Conference
September 2018

Construction of Normalcy and Diversity in Music Therapy Theory and Practice

Beth Pickard
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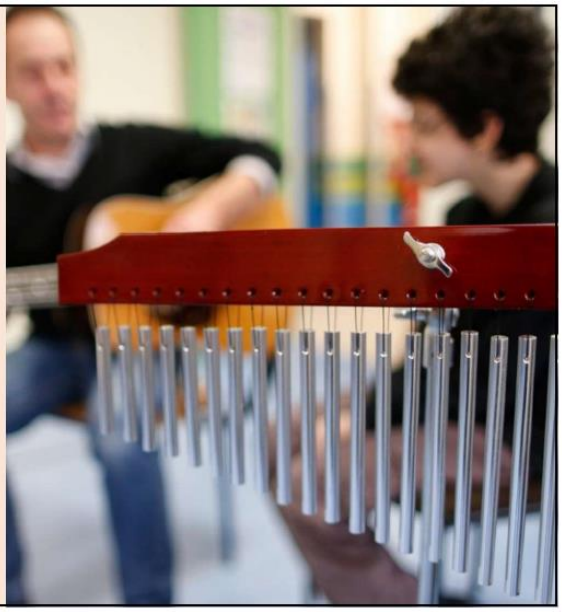
1

Introduction

- Music Therapy and Disability Studies.
- Defining Music Therapy.
- Illustrative Case Study.
- Potential Narratives.
- Discussion and Conclusion.



2

Music Therapy and Disability Studies

- "A misunderstood guest, a misunderstood host" (Tsiris, 2013, 2018)
- Straus, 2011; "intellectual ghetto… normalizing enterprise"
- Special Issue of *Voices: A World Forum on Music Therapy*, 2014
- Oxford Handbook of Music and Disability Studies (Howe *et al.,* 2016)
- "As it happens in any dialectical relationship […] music therapy does not have only to take, but also to offer a wealth of knowledge and practices to the field of disability and music" (Tsiris, 2013, p. 340)

3

Defining Music Therapy

"Music Therapy is a **systematic process of intervention** wherein **the therapist helps the client** to promote health, using music experiences and the **relationships** that develop through them as dynamic forces of **change**."

(Bruscia, 1998, p. 20; cited in Edwards , 2016)

"Music therapy is the use of sounds and music **within an evolving relationship between patient/ participant and therapist** to **support and encourage** physical, mental, social, emotional and spiritual wellbeing."

(Bunt and Stige, 2014, p. 18)

"Music therapy uses (…) musical components (…) to provide a means of relating within a **therapeutic relationship**. In music therapy, people work (…) to create a musical language which reflects their emotional and physical condition; **this enables them** to build connections with their inner selves and with others around them. The therapist's approach is informed by different theoretical frameworks, depending on their training and the health needs which are to be met."

(BAMT, 2015)

4

Illustrative Case Study

5

Potential [Contrasting] Narratives

Affirmative, Social Model Narrative

- L and B.
- Communicates with his eye gaze, facial expression and very occasional vocalisation.
- The guitar is inaccessible and required further modification to enable meaningful participation.
- Initially L follows B's musical motifs, attending and demonstrating good listening skills.
- Gradually L develops his autonomy and takes a leading role in the musical interaction, dictating the timbre, pitch, rhythm and pace.
- Authentic and explorative use of voice, responding to the key and musical frame developed collaboratively.

Medical Model Narrative

- Client and therapist; clinical intervention.
- Non-verbal, cerebral palsy, learning disability, little agency, no verbal language.
- The client has difficulty accessing the guitar and needs to develop dexterity and fine and gross motor skills.
- Client lacks ability to initiate spontaneous and original content initially.
- Through therapist's intervention, client develops increasingly song-like communication.
- Therapist contextualises clients responses in musical frame.

6

Discussion and Conclusion

- Ansdell (2001, p. 2), "the music therapist's dilemma".
- "Outdated expert-models still exist" and "there is persistence in working from a medical model framework" (Murphy and McFerran, 2017, p. 311.
- Distinction between affirmative music therapy and "therapisation" of disability arts or inclusive arts.

- HCPC Registered training programmes (QAA, 2004; HCPC, 2013); Critical Disability Studies lens (Pickard, 2018).

13	**understand the key concepts of the knowledge base relevant to their profession**
13.1	understand the structure and function of the human body, together with knowledge of health, disease, disorder and dysfunction relevant to their profession

7

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Appendix 9 - A Critical Reflection on the HCPC Standards of Proficiency for Music Therapists: A Critical Disability Studies Perspective (Pickard, 2020).

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A Critical Reflection on the HCPC Standards of Proficiency for Music Therapists: A Critical Disability Studies Perspective.

Beth Pickard

Abstract

This article takes the theoretical and philosophical lens of critical disability studies to critically reflect upon the HCPC Standards of Proficiency for Arts Therapists. The discipline of critical disability studies, evolving from disability studies and the disability rights movement, is initially defined, before multiple paradigms of disability are introduced as central tenets of these disciplines. The relationship between critical disability studies and music therapy is explored, with reference to seminal publications and the perceptions of music therapy within them. The HCPC Standards of Proficiency are then taken as a source of reflection to attempt to understand the perpetuation of medicalised perspectives in the profession and the potential friction between critical disability studies and music therapy. A selection of the Standards of Proficiency are analysed according to distinct paradigms of disability. Questions are posed to interrogate and contextualise the standards in relation to critical disability studies philosophy. From this critical reflection, a discussion emerges which reflects upon the reach of these professional standards and how they might contribute to a continuing, outdated expert-model of music therapy in the UK. The article concludes by drawing these threads together in a series of recommendations: to educators, practitioners and the wider profession.

Keywords: music therapy, standards, registration, profession, paradigms, disability.

Introduction

The first aim of this theoretical and reflective article is to introduce the disciplines of disability studies and critical disability studies to Music Therapists and to review the history between these disciplines and the music therapy profession. Building on this discussion, an understanding will be presented of the reasons why potential expert-models or medicalised perspectives continue to permeate the music therapy profession. In order to elucidate this, the article offers a critical reflection upon the HCPC (2013) Standards of Proficiency (SoPs) for Arts Therapists in relation to three distinct paradigms of disability. Finally, the article proposes a paradigm shift within music therapy research and practice, by highlighting opportunities for reflection, growth and potential change.

The professional regulation of the discipline of music therapy in 1999 by the then Council for Professions Supplementary to Medicine (CPSM) and subsequently the Health and Care Professions Council (HCPC) in 2012 are recognised by many as important milestones in the evolution of the profession (Barrington, 2005, 2008, 2015; Bunt and Hoskyns, 2014; Odell-Miller, 2016; Karkou, Tsiris and Kayafa, 2017; Carr, Tsiris and Swijghuisen Reigersberg, 2017). With this professionalisation comes a range of criteria, considerations and context aligned with the regulatory body and allied professions. This process is mirrored in other international contexts, but not with such close alignment to other allied health professions. In Australia, as a self-regulating allied health profession (AHPA, 2017), Music Therapists engage with Competency Standards outlined by the Australian Music Therapy Association (AMTA) (2018). In the USA, the American Association of Music Therapy (AMTA) provides Professional Competencies and Standards of Clinical Practice (AMTA, 2013, 2015) which registrants must evidence. Similarly, in New Zealand, Music Therapy New Zealand outlines Standards of Practice to which Music Therapists are expected to adhere to maintain registration (Music Therapy New Zealand, 2012).

The UK is uniquely positioned among the given examples in the adherence to Standards of Proficiency (SoPs) developed and aligned with other Allied Health Professions (HCPC, 2013). It should also be noted that the SoPs are understood as a significant but component part of professional apparatus. As such, there are many other dimensions which shape and inform the evolving music therapy profession: from training courses to funding bodies, other HCPC resources (HCPC, 2016, 2017, 2020), systemic processes as well as increasingly, service user perspectives.

This article takes the theoretical and philosophical lens of critical disability studies (Goodley, 2014, 2017; Watson, Roulstone and Thomas, 2020) as an opportunity to critically reflect upon some of the potential implications and connotations of the SoPs (HCPC, 2013) to which registered Music Therapists in the UK must adhere. The discipline of critical disability studies is defined by Thomas (2007) as: “breaking boundaries between disciplines, deconstructing professional/lay distinctions and decolonizing traditional medicalised views of disability with socio-cultural conceptions of disablism” (p. 53). There are many possible theoretical lenses that could be used to interpret and understand the HCPC (2013) SoPs. With the prevalence of music therapy practice undertaken with individuals who experience disablement in the UK (Carr*,* Tsiris and Swijghuisen Reigersberg, 2017), critical disability studies is proposed as a valid perspective to consider in this article.

As is widely recognised in critical disability studies, social constructionism suggests that interactions, language and attitudes can have a significant impact on the lived experience of disablement (Rapley, 2010; Bolt, 2016). It is proposed that music therapy contributes to both neurodiversity discourses (Thompson et al*.,* 2019; Leza, 2020; Pickard et al., 2020) and deficiency-based narratives (Straus, 2011, 2014; Bieleninik et al., 2017) in the social construction of disability, through contrasting perspectives evidenced in theory and practice. While there are several rich publications discussing music and disability studies (Lerner and Straus, 2006; Lubet, 2011; Straus, 2011, 2014; McKay, 2013; Howe et al., 2016), there are only brief or sceptical references to music therapy within them.

There has been a fraught history between the disciplines of critical disability studies and music therapy, with a relatively small number of seminal publications in this field (Tsiris, 2013, 2018; Hadley, 2014; Straus, 2014; Pickard, 2018a, 2019). After a concise

contextual summary of disability studies and critical disability studies, the historical tension between these disciplines and that of music therapy will be briefly explored. To illustrate some of the discussion points further, the HCPC (2013) SoPs will be critically reviewed, analysed and discussed from a critical disability studies perspective in relation to multiple paradigms of disability, before conclusions and recommendations are presented.

Disability Studies, Critical Disability Studies and Paradigms of Disability

The discipline of disability studies emerged in the late twentieth century as the disability rights movement evolved in the UK (Oliver, 1983, 2013; Barnes, 2020). Activitsts, practitioners and scholars' aspiration for this movement was a repositioning of the 'problem of disability' from residing within the individual, to a problem of social justice (Oliver, 1983). As Goodley (2017) proposes: "Disability Studies' most important conceptual leap is the move from the individual to society" (p. 9). Critical disability studies emerged later into the twenty-first century and is still refining its focus and reach, with varying conceptions and definitions discussed by Goodley (2013):

> "If late-twentieth-century disability studies was associated with establishing the factors that led to the structural, economic and cultural exclusion of people with sensory, physical and cognitive impairments, then disability studies in the current century might be seen as a time of developing nuanced theoretical responses to these factors" (p. 631).

A further, powerful definition is offered by Shildrick (2020):

> "In recent years, the powerful emergence of what has come to be called critical disability studies has added new force to the theoretical impetus already at the heart of the social model [of disability], taking it in innovative directions that challenge not only existing *doxa* about the nature of disability, but questions of embodiment, identity and agency as they affect all living beings" (p. 32).

A notion widely discussed in both disability studies and critical disability studies is that of paradigms of disability and their potential to inform our understanding and experience of disablement. Since this is a tool that will be used in reviewing and analysing the HCPC (2013) SoPs in this article, a brief introduction to this concept will be offered here. This

is presented in recognition of the scale and scope of this article and is a tiny portion of a much wider, richer critical debate about the validity and value of discussing disability in these terms (Smith et al., 2009; Beaudry, 2016; Watson and Vehmas, 2020).

Baglieri and Shapiro (2017) define a paradigm as “an ideology or frame of reference. It is the way one perceives, understands, or interprets a topic or issue” (p. 17). The Medical Model of Disability, arguably the dominant paradigm in our society, conceptualises disability as deficiency. As such, medicalised interpretations of disability situate the construct of disability within the individual, and any ‘interventions’ seeking to address disability will focus on normalising the ‘problem’ within the individual, working towards remediation or cure (Goodley, 2017).

In contrast, the Social Model of Disability conceptualises disablement as the barriers faced by individuals when seeking to participate in society (Oliver, 1983, 2013). The Social Model of Disability recognises impairments, whether physical, sensory or cognitive, but posits that these impairments lead to disablement because of the inhospitable nature of ableist environments, systems and society within which disabled people live (Houting, 2019; Barnes, 2020). As such, disability is positioned within societal structures, and any activity which seeks to reduce the experience of disablement would likely take a social justice approach to challenging the barriers posed by society, rather than seeking to change or ‘normalise’ the individual.[31] The Social Model of Disability is one of the driving forces of disability studies (Oliver, 1983, 2013; Barnes, 2020) and its influence continues to be debated and discussed in critical disability studies (Goodley, 2013, 2017; Shildrick, 2020).

A third model of relevance to this discussion is a Nordic Relational Model of Disability (Traustadóttir, 2004, 2006; Kristiansen et al., 2008; Traustadóttir, Sigurjónsdóttir and Egilson, 2013; Goodley, 2017; Fougeyrollas et al., 2019). In this paradigm, disability is situated as resulting from the relationship between the impairment an individual experiences and the environment in which their impairment is embodied. Approaches informed by this paradigm would explore opportunities to work with an individual *and*

[31] The term ‘disablement’ is used intentionally, to represent “those times when the relationship between the environment, body and psyche excludes certain people from becoming full participants in the social world" (Goodley, 2017: 10). This word choice firmly positions disablement as something that is *done to* disabled people by society, rather than something residing *within* them.

with their environment or community to address the relationship between the individual and the context.

A final model to consider is the Neurodiversity Paradigm, which conceptualises difference as anticipated and valued diversity, rather than deficit (Singer, 1999, 2016; Kapp, 2019; Milton et al., 2020): “A harmless neurological difference rather than a pathology” (Kirkham, 2017: 107). There is a growing body of research and practice exploring the relevance and value of this perspective to music therapy (Pickard, 2019, 2020a, 2020b; Thompson et al., 2019;; Elefant et al., 2020; Davies, 2020; Pickard et al., 2020; Leza, 2020).

Gross (2018) suggests that while more Music Therapists are becoming aware of the Social Model of Disability, “much of music therapy practice still invests in the medical model of disability, which maintains that disability is an inherent personal flaw in the individual which requires remediation” (no page number). This is echoed in the words of Murphy and McFerran (2017) who note that “outdated expert-models still exist” and “there is persistence in working from a medical model framework” (p. 311). This article seeks to understand why these arguably outdated models continue to permeate the profession, and where the sources of influence of these perspectives may be located.

A wide range of other paradigms of disability are explored in the literature, which could inform and reframe music therapy practices. There are also relevant and important critiques of these most prominent models, illustrating how they can be simplistic and reductive (Shakespeare and Watson, 2002; Anastasiou and Kauffman, 2013; Beaudry, 2016; Sharma and Dunay, 2016; Goodley, 2017; Baglieri and Shapiro, 2017). There are other paradigms of relevance to music therapy work, such as a Recovery Model pertaining to mental health (McCaffrey, Edwards and Fannon, 2011; Solli, 2015). Baglieri and Shapiro (2017) demonstrate the importance of discussing the paradigms which shape our worldviews, stating that:

> “Awareness of the paradigms that structure our experiences and reactions to disability can enable us to identify points of conflict. As we identify conflicts between dominant and other paradigms, we can engage in critical reflection in order to locate our own understandings and beliefs and their implications for our own positions to power. Analyses in disability studies propose that in order to act against ableism, we need to shift paradigms” (p. 17).

This is the premise of this article, which, through critical reflection, seeks to propose a paradigm shift to the music therapy profession.

Music Therapy and Disability Studies

Tsiris (2018) presented an eloquent summary of the relationship between music therapy and disability studies in his presentation entitled: “Music Therapy and Disability Studies: A Misunderstood Guest, A Misunderstood Host”. This sentiment recognises that there has been some friction at the intersection between music therapy and disability studies over several years. While there are an increasing number of contemporary publications informed by this perspective (Shipsey, 2018; Tsiris, 2018; Gross, 2018; Pickard, 2019a, 2019b; Metell, 2019), there remains a lack of wider acceptance of these ideas in music therapy pedagogy, literature, research and practice. Tsiris (2013, 2018) was explicitly responding to the publication of Straus’ (2011) text which made the following contentious statement about music therapy:

> “Music therapy is a normalizing enterprise, bound up with the medicalization and attempted remediation of disability. Of course there is a long history stretching back to classical antiquity of accounts of the power of music to cure or disable. What’s new in music therapy is the full impact of the medical model of disability: its practitioners are medical professionals who offer therapy to patients and write up their findings in the form of case studies. They seek to cure, remediate or normalize their patients, and music is their therapeutic tool” (p. 158).

While this statement might appear surprising, inaccurate or unfounded to some Music Therapists, it is possible to trace a clear rationale for this interpretation of the profession when interrogating various dimensions of teaching, regulation and publication in the field of music therapy (Pickard, 2018b; Pickard et al., 2020).

A significant contribution to the music therapy and disability studies literature was published in 2014 in a Special Issue of Voices (see Hadley, 2014). Here, a number of international practitioners demonstrated with insight and rigour the potential of disability studies to inform and enrich the discipline of music therapy and to challenge entrenched assumptions and practices (Bakan, 2014; Bassler, 2014; Cameron, 2014;

Honisch, 2014; LaCom and Reed, 2014; Miyake, 2014; Metell, 2014; Straus, 2014; Rickson, 2014; Rolvsjord, 2014). The discussion was vivified again in 2018 when a small number of Music Therapists presented at the inaugural Music and Disability Studies Summit at the University of Leeds, entitled 'Cripping the Muse' (Allori, 2018; Tsiris, 2018; Pickard, 2018a; Pickard and Dower, 2018; Shaw, 2018). Here, Tsiris (2018) developed his exploration of the cross-section at which music, music therapy and disability studies meet.

A critical stance was adopted at the Lancaster University Disability Studies Conference (Pickard, 2018b), considering the construction of normalcy and diversity in music therapy research and practice. Here, the HCPC (2013) SoPs were reviewed as evidence of the potentially medicalised perspective Music Therapists are encouraged to adopt in conceptualising and evidencing their practices, through the influence of the SoPs (HCPC, 2013) on pedagogy and professional practice. At this conference, a case study was presented from diverse vantage points to illustrate the challenge that Ansdell (1999, 2001) termed "the Music Therapist's dilemma" (p. 2). Building on Ansdell's (1999, 2001) work, the case study demonstrated how translating non-verbal practice into verbal language can shift the perceived intention, ontology and outcome of the work into a medicalised frame (Pickard, 2018b).

From an American perspective, key developments in this field include the continuing work of Shiloh (Shiloh and LaGasse 2014; Shiloh, 2019; Leza and Shiloh, 2019) and influential presentations by Aigen on the topic of Music Therapy and Neurodiversity (Aigen, 2017). Leza (2019, 2020; Leza and Shiloh, 2019) is also presenting rich and stimulating discussion to move this agenda forward further. Leza (2020) discusses the controversial appointment and subsequent resignation of Lee Grossman as Executive Director of the American Music Therapy Association (AMTA) as a significant event in the evolution of the Neurodiversity Movement's influence in music therapy:

> "Grossman's public statements had historically placed him as a pathologizing agent in autism advocacy, and his reputation as an anti-vaxxer preceded him. Music therapists across the country quickly began to raise a furor. Discussions on social media exploded, complaints were registered to the AMTA board, and some members chose to resign their membership. In hindsight, Grossman's hire may have been just the needling the music therapy profession required in order

> to take the next steps in becoming true allies and advocates for the neurodivergent and Autistic community."
>
> (Leza, 2020: 213)

Leza challenges the dominant discourse of the music therapy profession, proposing a 'neuroqueering' of the field: "disrupting any stigmatizing and oppressive 'standards of practice' by inviting the neurodiversity paradigm *in* and leaving the pathology paradigm *out*". (Leza, 2020: 215). Using similar language, a recent issue of Voices includes several articles which challenge the dominant, normative discourse in music therapy and offers recommendations for addressing this issue (Metell, 2019; Baines et al., 2019; Fansler et al., 2019).

In Europe, these themes were further explored at the 11th European Music Therapy Conference in Aalborg, Denmark, where a collective of international Music Therapists considered in a roundtable forum how the discipline of music therapy could be enriched and informed by an understanding of the Neurodiversity Movement (Thomspson et al., 2019). Again, the HCPC (2013) SoPs were then reviewed and discussed, within an international context, and the potential perpetuation of deficit-based interpretations of diversity further highlighted. These ideas were further refined and explored at the World Congress of Music Therapy (Elefant et al., 2020) and a publication of these ideas is forthcoming (Pickard et al., 2020). In addition, the most recent meeting of the British Association of Music Therapy (BAMT) Autism Network took the Neurodiversity Movement as its focus for a rich day of discussions and debate (Davies, 2020; Ashworth, 2020; Pickard, 2020a), as did a newly convened professional Facebook group in September 2020 (Pickard, 2020b; Gottschewski, 2020; Acanfora, 2020).

It could be suggested that there is gathering momentum in interrogating the current ontology of music therapy practice, enshrined in the HCPC (2013) SoPs. This article seeks to build on this momentum and highlight opportunities for reflection, growth and potential change.

The HCPC (2013) Standards of Proficiency (SoP) for Music Therapists

As a registered, allied health profession, all UK Music Therapists must adopt, adhere to and evidence the SoPs for Arts Therapists as outlined by the HCPC (2013). A core set

of SoPs are outlined for all Arts Therapists, and a specific number of music therapy specific standards are also included (HCPC, 2013). The SoPs selected for analysis and discussion in this article relate to all arts therapies, and therefore the discussion is relevant across modalities. The SoPs discuss a wide range of practice areas, from health and safety to research, music skills to service user voice. HCPC (2018) describe the SoPs as follows:

- they set out the threshold standards we consider necessary to protect the public (unique to each of our registered professions);
- they set clear expectations of our registrants' knowledge and abilities when they start practising;
- registrants must continue to meet the standards of proficiency that apply to their scope of practice;
- HCPC approved programmes equip graduates to meet these standards;
- they outline what service users and the public should expect from their health and care professional;
- we use them if someone raises a concern about a registrant's practice.

(HCPC, 2018)

HCPC (2018) outlines the process for developing and refining the SoPs which includes a process of continual review as well as a periodic review every five years. This review includes liaison with professional bodies, such as the British Association of Music Therapists (BAMT) and a public consultation, which was completed in October 2020 (HCPC, 2020). A critical disability studies lens could also be applied to this process of review: considering which voices are welcome, heard, privileged and prevailing in the development and maintenance of these standards.

The HCPC SoPs in the Context of Paradigms of Disability

For the scope of this article, a small selection of SoPs have been highlighted for reflection, based on their prominence in relation to the discipline and philosophy of critical disability studies. These standards will be presented in relation to the Medical, Social and Nordic Relational Models of Disability, and the fit between the standard and the paradigm further contextualised.

The Medical Model of Disability

A number of the HCPC (2013) SoPs adopt particularly medical model language, focusing on deficiency and situating disability within the individual. The first example is taken from SoP 13.1 which suggests that registrants must:

> "Understand the structure and function of the human body, together with knowledge of health, disease, disorder and dysfunction relevant to their profession."
>
> (HCPC, 2013)

This SoP offers terminology laden with medical model implications and connotations, such as "disease, disorder and dysfunction". While it is accepted that this language is necessary and appropriate when understanding medical diagnoses that are frequently experienced by participants in music therapy practice, such as mental health challenges, cancer and brain injury amongst others, applying this language and thinking to the experience of disablement could be highly problematic. For example, it is unclear where on the spectrum of "health, disease, disorder and dysfunction" (HCPC, 2013) that learning disability, neurodivergence or autism might be conceptualised. Further, a participant with PMLD may use a mode of communication and engagement with the world that might be complex to understand at first, however this is not necessarily disordered or dysfunctional. Further research is required to understand the impact of deficit-oriented language on the framing and approach of therapists' practice and clinical decision making. Knowledge of diverse experiences and presentations of both health and illness are imperative. However, this could be phrased in language that provides scope to understand the myriad of presentations of both health and illness, and the potential of the therapist's positioning to be a barrier to understanding individual participants' health, as well as an asset to understanding other participants' illness.

A continuation of medically and individually oriented language is presented in SoP 13.15, suggesting that registrants must:

> “Know about:
> - human development;
> - normal and abnormal psychology;
> - normal and abnormal human communication and language development;
> - mental illness, psychiatric assessment and treatment;
> - congenital and acquired disability;
> - disorders of social functioning;
> - the principal psychotherapeutic interventions and their theoretical bases;
> - the nature and application of other relevant interventions.”
>
> (HCPC, 2013)

The use of the binary of “normal and abnormal” is problematic from a critical disability studies perspective and enforces an artificial, ableist separation between different ways of being and communicating (Hehir, 2002; Pickard, 2019a). If a Music Therapist perceives a participant with a learning disability as having communication and language development that is “abnormal”, this may shape and colour their approach to practice, communication and forging relationships. This language results in participants with learning disabilities being Othered (Goodley, 2014) and marked as different and potentially deficient through these language choices. If Autism is conceptualised and understood as a “disorder of social functioning”, and literature supporting this perspective consumed to develop ones understanding of and alignment with the SoPs, this will significantly inform a Music Therapist’s approach to social interaction with participants. There is an absence of emphasis here on knowledge of diverse forms of communication and language development, and experiences of social functioning which may not adhere to the psychological ‘norm’ but are valid and valued ways of being and communicating in the world. The binary between “normal” and “abnormal” sets an expectation and hierarchy between these two extremes, with potential connotation of normalisation as a valid aspiration. This is highly problematic from the perspective of the Neurodiversity Movement and the Autistic community (Winter, 2012; Mottron, 2017; Kirkham, 2017; Pickard, 2020a, 2020b; Pickard et al., 2020). A further consideration is the language used to construct the music therapy practice and its relation to participants in music therapy. If music therapy’s practice is conceptualised as an “intervention” that

is “applied” to service users, a particular and potentially problematic power dynamic is implied.

SoP 13.16 suggests that registrants must:

> “Recognise methods of distinguishing between health and sickness, including diagnosis, specifically mental health disorders and learning disabilities and be able to critique these systems of knowledge from different socio-cultural perspectives.”
>
> (HCPC, 2013)

Understanding a learning disability as a diagnosis, distinguished between health and sickness, speaks of a specific portrayal and engagement with normalcy and diversity in the music therapy profession. The conflation of learning disability with sickness echoes Talcott Parsons’ (1964) ideology of the “sick role” and the anticipated and expected conformity associated with an individual embodying this deviant role, discussed in the context of disability studies by Goodley (2017). While the ability to “critique these systems of knowledge from different socio-cultural perspectives” is advocated (HCPC, 2013), there is a lack of clarity on whether this could include challenging these labels and binaries or whether there is more of an expectation to understand different cultural and social interpretations of health and illness, which may further embed a deficiency-based discourse. If Music Therapists do not perceive learning disability through this medicalised lens, a revision or addition to this SoP should be posed.

The Social Model of Disability

Some of the HCPC (2013) SoPs recognise that the environment and context in which the work occurs may enable or disable the participant, echoing the ethos of the Social Model of Disability. These SoPs encourage the Music Therapist to identify and reflect upon any barriers that may be presented through the context and provision. SoP 2.5 suggests that registrants must: “Know about current legislation applicable to the work of their profession” (HCPC, 2013).

An example could be the evolution of the Equality Act (2010) and Convention on the Rights of Persons with Disabilities (CRPD) (UN General Assembly, 2008) which communicate to practitioners the legislative dimensions and implications of their provision. For example, the Equality Act (2010, p. 10) denotes that if the "practice … puts a disabled person at a substantial disadvantage in relation to a relevant matter in comparison with persons who are not disabled" practitioners should "take such steps as it is reasonable to have to take to avoid the disadvantage." This standard could be interpreted to encourage Music Therapists to take responsibility for engaging with discussions and advances in the field of critical disability studies, which informs legislation and may significantly inform their engagement with the participant in music therapy.

There are examples within the SoPs which recognise the systemic considerations which may inform or oppress experiences of health and illness. An example is SoP 13.8 which suggests that registrants must "understand the psychological and cultural background to health, and be aware of influences on the service-user therapist relationship" (HCPC, 2013). This could include challenging the assumption that learning disability is allied with ill-health, or that ill-health is necessarily a by-product of disablement. "Influences on the service user-therapist relationship" could include the norms perpetuated by the media and culture to Other disabled people (Matthews, 2009; Ellis and Goggin, 2015; Goodley, 2017; Ellcessor and Kirkpatrick, 2017; Baglieri and Shapiro, 2017) and the potential of the therapist to either perpetuate or challenge this oppression. Continuing this thread of ensuring the therapist is aware of these potential cultural influences and dynamics, SoP 3.3 suggests that registrants must: "Understand both the need to keep skills and knowledge up to date and the importance of career-long learning" (HCPC, 2013). In contrast with the earlier SoPs which could be considered deficit-oriented and aligning with the Medical Model of Disability, this standard places the burden of responsibility with the Music Therapist for ensuring that their understanding and conception of ideas influencing the work are contemporary and informed. This recognises that the Music Therapist could be disabling the participant if their approach or skills were not up-to-date or if they hadn't engaged in career-long learning to ensure the continued relevance and optimum validity of their work.

In continuing the Social Model's emphasis on society's potential to enable or disable, SoP 9.5 suggests that registrants must: "Recognise the role of arts therapists and the

contribution they can make to health and social care" (HCPC, 2013). This standard highlights that Arts Therapists are part of a wider system of health and social care provision, and that this role and its relationship to others is not fixed or static. By encouraging awareness of the nature and scope of this role, there is potential to reflect on both enabling and disabling elements of music therapy practice. The contribution Music Therapists can make to health and social care could be to highlight ableist communicative environments that are prevalent in wider society and can be challenged or reframed in the music therapy room, or to highlight the value of less privileged forms of communication, being and relating (Hehir, 2002; Pickard, 2019a; Nind and Strnadová, 2020; Rickson, 2020).

The potential of all the SoPs highlighted in this section to promote a Social Model interpretation of disability and, as such, to challenge oppression in music therapy practices relies on the Music Therapist's commitment to critical reflection in their practice, as advocated by SoP 11.1 (HCPC, 2013).

The Nordic Relational Model of Disability

Some of the HCPC (2013) SoPs could be best equated with a Nordic Relational Model of Disability (Traustadóttir, 2004, 2006; Goodley, 2017), recognising that the fit between the participant's experience and the opportunities they are afforded will result in their enablement or disablement in the music therapy work. An example of this can be seen in SoP 5.1 which suggests that registrants must: "Understand the requirement to adapt practice to meet the needs of different groups and individuals" (HCPC, 2013). This standard acknowledges that there is not one way to practise music therapy and that there is a requirement of the Music Therapist to be aware of the fit between their approach, the environment or context in which the work occurs, and the participants involved. This highlights the necessity to be informed by the views, beliefs and actions of participants and requires Music Therapists to be receptive to the voices of disabled participants who could inform and develop disabling aspects of practice (Metell, 2019).

SoP 5.2 is an example which could relate to experiences of both the Music Therapist and the participant in music therapy, where registrants must: "Understand the need to take account of psychological, social, cultural, economic and other factors when collecting case histories and other appropriate information" (HCPC, 2013). This invites

reflection on a further important consideration: the lack of diversity in the music therapy profession (Hadley, 2013; Anderson, 2018; Baines et al., 2019), and the positioning of the SoPs to assume that the participant and the therapist don't share experiences of disablement (Shaw, 2019; Thompson, 2020; Gottschewski, 2020; Kalenderidis, 2020). The potential of this SoP to relate to participant and therapist could be made more explicit to demonstrate the potential for influences on both sides of the therapeutic relationship to inform the work (Hadley, 2013). While it could be argued that these factors will be influential much beyond collecting information and case histories, it is encouraging to note the potential recognition of factors influencing both partners in the therapeutic relationship to inform the trajectory and potential success of the work.

Another SoP which could be read to acknowledge that both the communication skills of the participant and the response from the Music Therapist will contribute to the success of the communicative exchange is SoP 8.3 which states that registrants must:

> "Understand how communication skills affect assessment and engagement of service users and how the means of communication should be modified to address and take account of factors such as age, capacity, learning ability and physical ability."
>
> (HCPC, 2013)

This places responsibility on both parties to consider and be aware of their contributions and enables reflection upon how the questioning as well as the answers can be influential in gaging a participant's experience. While the emphasis on difference is predominantly placed on the participant, in considering their "age, capacity, learning ability and physical ability", the onus on the Music Therapist to be responsive and adaptive acknowledges that without this modification, the Music Therapist could contribute to the inaccessibility of the experience thus resulting in disablement. Refreshingly, one reading of this SoP could be that it is the responsibility of the Music Therapist to adjust their communicative approach to enable the participant (Pickard, 2019a), by "shifting the imbalanced burden of adapting away from [disabled] individuals" (Woods, 2017, p. 1094). While such practices and beliefs are anecdotally discussed and respected within the profession, there is a lack of this positioning within published music therapy literature and research. A further reading could be that neurodivergent therapists themselves have expertise in developing accessible communication

strategies that should be celebrated, valued and disseminated more widely throughout the profession (Gottschewski, 2020; Acanfora, 2020).

This discussion point relates well to the CRPD (UN General Assembly, 2008) definition of disability, which conceptualises disability resulting "from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others" (p. 4). It is particularly interesting that this definition incorporates "attitudinal barriers" (UN General Assembly, 2008: 4), which could arguably be fuelled or reinforced by some of the earlier SoPs when applied to diversity, disability and disablement.

Discussion

While these examples are not exhaustive or definitive, and there are many more SoPs of relevance and interest to this discussion (HCPC, 2013), it is hoped that this initial exploration has sparked some questioning and critical reflection on the potential of the HCPC (2013) SoPs to perpetuate medicalised, deficiency-based narratives of disablement and diversity. While a process for consultation and review exists, could it be that there is a need for provocations to encourage transformative debate about the essence of this framework and its application? Straus' (2014) interpretation of music therapy as "position[ing] itself squarely within the medical model of disability" (no page number) may not be familiar or accurate to many UK Music Therapists who may engage in enabling, affirmative and social-justice informed practices. However, when reviewing the HCPC (2013) SoPs through this lens, as well as other music therapy literature, it is not difficult to understand why such an interpretation of the profession could arise. As Rolvsjord (2014) asserts:

> "The most detrimental consequence of the therapist's location in ableist culture is that the therapist may in fact be dis-ableing. As disturbing as this suggestion might be, it is crucial to consider to what degree the therapist contributes to the demoralization of the client through her/his good intentions of 'fixing' the client."
>
> (No page number)

There have long been opponents to a medicalised approach within music therapy, with advocates like Simon Procter (2003) stating that Music Therapists:

> "Must not merge entirely into a medicalised professional hierarchy: to empower and enable, wherever we work, we need hearing minds and radical hearts. And if that means being regarded as mavericks and naïve, then so be it" (p. 106).

A wealth of research and practice documents the social dimensions of music therapy beautifully (see Ansdell, 2015, for example). A recent conference at Nordoff Robbins in London which welcomed international Music Therapists (Ansdell, 2019; Dopierala, 2019; Flower, 2019) entitled 'The Social Value of Music' (Nordoff Robbins, 2019) further shifts the focus of music therapy practice from a medicalised to a social context. As Fansler et al. (2019) advocate in their recent article discussing queering music therapy pedagogy:

> "We explore ways in which pathology and diagnosis favor [sic] dominant communities. We explore systemic understandings of "the problem" or "the symptom." We avoid "interventions" in favor [sic] of centralizing the ever-evolving, expanding, and constantly-becoming relationship of therapist, client, music. And we ask what it means to identify as a therapist. Through all of this, we explore the subjugation of clients and approach the "therapeutic relationship" as human-with-human rather than fixer-to-damaged or helper-for-those needing help" (p. 14).

Another consideration is that anecdotally, there are reports of much practice in the UK which aligns with this social-justice informed, anti-ableist ethos. The question therefore becomes why is such practice not reported on or evidenced in the literature, and is there a disconnect between the outward-facing perception of the profession and the reality of work on the ground? If "professional journals have a legitimating and sanctioning role in the development of disciplinary knowledge, as well as professional practices and identities" (Tsiris, Spiro and Pavlicevic, 2014: 4), is there a responsibility to ensure a congruence between practices on the ground and the nature and focus of reporting in professional literature? Conversely, one could ask why practitioners working in the field of learning disability or disablement more broadly are potentially less likely to contribute to research and literature, and whether there is a hierarchy of focus and interest in publishing practices or within the disciplinary community. Could ableist practices be affecting these voices from being heard or feeling valued, or is there a

divide between this work and research or writing about it, returning to Ansdell's (2001) Music Therapist's dilemma.

This offers an interesting perspective when reflecting upon Mark Jordan's words, cited from the 1989 Annual General Meeting of the Association for Professional Music Therapists (APMT) on the prospect of professionalisation and registration: "We are a small profession, and if our voice is to be heard we must continue to speak with one voice. There is plenty of room for differences of opinion, but no room for divided policies" (APMT, 1989: 2; cited in Barrington, 2015: 120).As the cyclical process of consultation, evaluation and refinement of the HCPC (2013) SoPs continues on its five-yearly cycle, is it time to consider a more contemporary, united voice in music therapy? With the ever-increasing richness and insight of a maturing profession, it is imperative that the HCPC (2013) SoPs represent our diverse, dynamic and inclusive practices. This could be an opportunity to redefine the paradigm through which Music Therapists in the UK conceptualise, approach and understand practice, by formalising this commitment in the professional registration and documentation. The increasing momentum in neurodiversity-informed perspectives in music therapy (Davies, 2020; Pickard, 2020a, 2020b; Pickard et al., 2020; Leza, 2020) and beyond (Kapp, 2019; Milton et al., 2020; Rosqvist, Chown and Stenning, 2020) would suggest the need for an increased recognition of this paradigm in the professional standards.

In a recent publication representing a diversity of approaches to music therapy practice in the UK with Autistic participants, Coombes and Maclean (2019) invited Music Therapists to conceptualise the HCPC (2013) SoPs as a "second skin… provid[ing] support that is strong and flexible. Rather like skin itself, it is a semipermeable membrane which allows for the to-ing and fro-ing of fresh ideas" (p. 356-357). This enabling analogy acknowledges that the HCPC (2013) SoPs can be perceived as flexible and responsive and not permanently fixed. Could this be a call to action for a rich contribution to future evaluations of the SoPs to ensure they are reflective of contemporary perspectives and practices?

Conclusion and Recommendations

As Edwards (2017) acknowledges, "the practising music therapist works within a system that includes contact with co-workers, clients, carers, and families, and within

institutions or structures that are informed or maintained by policy, legal, and financial frameworks" (p. 847-848). The macro-level, systemic structures such as the HCPC (2013) SoPs inevitably directly inform the micro-level, relational work with participants and their families, and as such require diligent reflection upon their influence and focus. As noted in the introduction, the HCPC (2013) SoPs are also but one professional apparatus amongst many that shape and inform the profession.

While there is much rich and respectful music therapy research and practice in the UK and beyond, in reporting about this work and articulating within and beyond the profession, "outdated expert-models still exist" and "there is persistence in working from a medical model framework" (Murphy and McFerran, 2017: 311). While this could in part be due to the complexity of translating non-verbal material into a verbal domain (Ansdell, 2001; Pickard, 2018b), there are several examples, such as the HCPC (2013) SoPs and high profile research studies (Bieleninik et al*.,* 2017) which encourage, instil and perpetuate a deficit-based interpretation of difference, diversity and disability.

In conclusion, the following recommendations are proposed and ongoing, critical dialogue on this topic is invited and encouraged. Firstly, critical disability studies could further inform music therapy curricula (Pickard, 2018b; Fansler et al*.,* 2019). This could enable future generations of practitioners and researchers to critically reflect upon their own positioning and privilege (Hadley, 2013; Gross, 2018), as well as the power their practice has to perpetuate or challenge societal interpretations of diversity (Baines *et* al., 2019). It is necessary for current and future generations of practitioners to appreciate the importance of engaging with the politics of disablement (Oliver and Barnes, 2012) and the potential of the discipline to contribute to oppression, disablement, manipulation and Othering, as well as empowerment and citizen participation (Stige, 2006; Rolvsjord, 2014).

Further directions may be for the language of the profession and the professional association (BAMT, 2017), as well as the HCPC (2013) SoPs to be reviewed and revised to reflect a more neutral understanding of diversity and to move away from deficiency-based narratives with potential to disable and disempower participants in music therapy. Finally, through increased co-production, participatory action research and evaluation, participants in music therapy could be enabled and empowered to have

a greater voice and action in the shaping of the profession and its professional regulations.

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Project 2

Appendix 10 - Critical Review of the USW Creative and Therapeutic Arts Degree Programme.

- Full reference: Pickard, B. (2018), 'Critical Review of the BA(Hons) Creative and Therapeutic Arts', Unpublished document.
- For brevity, in this Appendix is a summary of key aspects of this document, which is intended to be most relevant and applicable to this thesis.
- A copy of the full, official document is available upon request.
- See Reflection at the end of this document which summarises key points and reflects on the relevance of this extensive document to the portfolio and thesis.

INTRODUCTION: This section should include information on the range of provision and the Faculty/College context.
This critical review will appraise and critically reflect upon the BA (Hons) Creative and Therapeutic Arts degree at the University of South Wales and consider how it may be further innovated to develop its currency and relevance in an evolving Welsh context. This undergraduate degree is one of three undergraduate courses in the department of Therapeutic Studies, within the School of Psychology and Therapeutic Studies (SPTS) and the Faculty of Life Sciences and Education (FLSE) (see figure 1 for suite of courses in this subject area). The degree is uniquely placed in this department in developing creative skills at undergraduate level, in a therapeutic context. The BA (Hons) CTA is a valid and consistent pathway to many of the postgraduate and masters level courses within and beyond the faculty, such as MA Art Psychotherapy, MA Arts Practice (Art, Health and Wellbeing) or PG Cert Counselling Skills.

Taster Courses: Counselling Skills Workshops	MSc/PG Dip Cognitive Behavioural Psychotherapy
CPD Workshops / Short Courses / Conferences	MA/PG Dip Integrative Counselling and Psychotherapy
Foundation Degree Person Centred Counselling	MSc Systemic Psychotherapy
BA (Hons) Counselling and Therapeutic Practice	MA/PG Dip Counselling Children and Young People
BA (Hons) Creative and Therapeutic Arts	MA/PG Dip Consultative Supervision
BSc (Hons) Systemic Counselling	MA Art Psychotherapy
PG Certificate in Counselling Skills	MA Music Therapy
PG Dip Systemic Practice in Psychotherapy	MSc Play Therapy

Figure 1: Portfolio of Courses in USW FLSE Therapeutic Studies

The current BA (Hons) CTA degree has been in existence for five years but has evolved significantly, particularly in the past three years, to its current level of success and recognition. The initial validated course in 2008 was entitled ‘Creative Therapies in Education’ and catered for students eager to apply their creative and therapeutic skills in educational contexts; but as the focus of the course shifted to reflect an increasingly community based, participatory arts methodology in the field, so too was the title changed at re-validation in 2012.

Recent students and graduates have developed their practice across a wide range of educational, community and increasingly health contexts: utilising their creative practice to nurture growth and wellbeing in their participants. Initially the course had dance, music and visual arts pathways, but since 2015 the course has evolved to maintain a focus on visual arts due to increasing demand for this pathway, and is recruiting well within this model, with 20+ students in all three years of the degree at present. The student body has

evolved as has the course and there is an increasing population of international students and mature students, which brings an enriching diversity to the cohorts.

The students are all visual artists with varying degrees of skill levels, experience and diverse interests within their practice. The course provides opportunities to develop the students' individual and collaborative practice in consultation with theoretical and practical models of participatory practice, socially engaged art practice, arts in health and therapeutic practice. The students engage in placements in all three years of their study, which are central opportunities to develop their facilitation practice and apply the theoretical learning from their modules. The course currently engages a database of over 64 professional settings where students engage in practice-based learning opportunities in a wide range of educational, community and health settings.

With the national agenda for Arts in Health and Wellbeing across the UK (Charter for Arts, Health and Wellbeing, Alliance for AHW, 2012; NHS Wales, 2014; Well-being of Future Generations (Wales) Act, WG 2015; All-Party Parliamentary Group on Arts, Health and Wellbeing, 2017) and the recommendations of the Donaldson Report recognising the value of external arts practitioners to education settings (Donaldson Report, 2015), the course is developing sound therapeutic practitioners, who can apply their training in a number of environments, meeting the needs of diverse populations across the life span. The course's Academic Team has grown from 3.0 FTE in 2015 to 3.7 FTE in 2017, due to an increase in student numbers (with a consistent 0.4FTE Placement Officer administrative role highly valued throughout), and while the graduating cohort of students who commenced studies in 2014 was six, there are 20+ students enrolled on each year of the degree in 2016-2017, with 21 students due to graduate in July 2018.

It is clear that with a 100% graduate employment rate (DLHE statistics, 2016-2017), the course is producing high calibre graduates and practitioners. This directly reflects primary funding bodies for arts-based activities, projects and interventions' emphases upon accessibility, inclusivity, health and wellbeing, as stated in the Arts Council of Wales Remit Letter by Ken Skates (2017) and the launch of Social Prescribing by the NHS (2017). Our graduates embody the notion of art performing a vital function in the community, especially in the context of disadvantaged communities. Less of an emphasis is being placed upon

art existing for art's sake. The graduates we generate are a creative, entrepreneurial workforce; situated where they are most needed.

The intended outcome of this review is to revalidate the existing BA (Hons) Creative and Therapeutic Arts with some innovations to module weighting and structure, however this should build on the success of responding to student feedback directly each summer through minor modifications, and integrating the USW Academic Blueprint (USW, 2014) and Assessment for Learning Policy (USW, 2015) which has been gradually introduced over the past three years in advance of the September 2017 deadline. The revalidation team is made up of Academic Subject Manager, Course Leader, Module Leaders, Senior Lecturers, Lecturers and Placement Officer.

The recommendations within the following documents have been considered when reviewing the BA (Hons) Creative and Therapeutic Arts degree and revising its content:

- Quality Assurance Agency for Higher Education (QAA) (2017) *Benchmark Statement: Art and Design.*
- Quality Assurance Agency (2014) *Quality Code* to include the Frameworks for Higher Education Qualifications of UK Degree-Awarding Bodies.
- University of South Wales *Strategy* 2014 – 2020, University of South Wales (2014) *Academic Plan* and University of South Wales (2014) *Academic Blueprint.*
- University of South Wales *Student Experience Plan* which outlines the strategic enablers which will lead to the achievement of the institutional key strategic priorities, namely (1) Employability; (2) Creative Curriculum design; (3) Students as Partners; (4) Partnership and Collaboration; (5) Academic staff development and accreditation; (6) Scholarship and Research to inform learning and teaching.
- University of South Wales (2013) *Curriculum Design Guide*, University of South Wales (2016) *Student Experience Plan* and University of South Wales (2015) *Assessment for Learning Policy.*
- Higher Education Funding Council for Wales (2017) *Higher Education for Future Generations,* HEFCW/CQFW (2009) *Credits and Qualification Framework for Wales.*
- The Social Services and Wellbeing (Wales) Act (2014) and the Well-being of Future Generations (Wales) Act (2015).

- Care Council for Wales (2015), *Code of Professional Practice for Social Care* provides practical guidance to care practitioners on how to meet the objectives of the Welsh Government's Social Services and Wellbeing (Wales) Act (2014).

- UDLL (2016) *Universal Design for Learning: A Best Practice Guideline.*

- HEA (2014), *Engagement Through Partnerships: Students as Partners in Learning and Teaching in Higher Education* and HEA (2011) *Inclusive Curriculum Design in Higher Education.*
- Burns (2014), *What Do You Need? Learning Approaches for Artists Working in Participatory Settings.*

- ArtWorks Cymru (2015), *Quality Principles.*

- All-Party Parliamentary Group on Arts, Health and Wellbeing (2017), *Creative Health: The Arts for Health and Wellbeing.*

- Professor Donaldson (2015), *Donaldson Report: Successful Futures – Independent Review of Curriculum and Assessment Procedures in Wales*

2. ACADEMIC STANDARDS

Review judgements about academic standards will be made on the appropriateness of the intended learning outcomes in relation to subject and other benchmark statements, qualification and credit levels and the overall aims of the provision; on the effectiveness of curricular content and assessment arrangements in relation to the intended learning outcomes; and on actual student achievement.

2.1 Aims and Learning Outcomes

This section should be used to reflect on course aims and learning outcomes. Commentary should cover:

• The appropriateness of course aims and how they relate to Faculty/College and University aims and objectives

• How the learning outcomes support the aims of the course(s)

• How learning outcomes relate to external reference points including relevant subject and other benchmarks, the qualifications and credit framework and any professional body requirements

The current course aims and learning outcomes were developed with reference to the QAA Subject Benchmark Statements for Art and Design at the time of the previous revalidation (QAA, 2008), however this course's focus is subtly distinct from a pure Art and Design degree. In considering how this is captured at revalidation, other QAA Benchmark statements will be consulted, including Arts Therapies (QAA, 2004) and Counselling and Psychotherapy (QAA, 2013). However, the intention of the revalidation is to clarify the distinction between this degree and more therapeutically focused training, building on the debate in the literature around the positioning of this work (Moss and O'Neill, 2009, Broderick, 2011; Clennon, 2013; Swindells *et al.,* 2016). The staff's sensitive and thorough exploration of the positioning of the course in relation to associated disciplines was positively commented upon by the External Examiner (External Examiner Report, 2017). The literature discusses the potential for establishing professional standards for the discipline (Blanche, 2014; Swindells *et al.*, 2016) which in time could translate into agreed educational standards for training (Buttrick, 2012; Burns, 2014), and the course team are eager to be part of this ongoing discussion and development.

It is recognised that the 2017 revision of the QAA Art and Design Benchmark Statement (2008) recognises the potential for the relevance of the subject benchmark to an increasingly broad application in interdisciplinary practice, stating:

> "Art and Design is referred to as the 'subject', while the distinct areas of activity within the subject are referred to as 'disciplines'. These disciplines are in a continuous state of evolution and cross-fertilisation, necessitating benchmark standards that accommodate a wide spectrum of provision."
>
> (QAA, 2017, p. 6).

This recognition makes this benchmark statement the most relevant one to review in relation to the proposed revalidation activity.

The current course learning outcomes support the aims of the course in training Creative Arts Practitioners to share their creativity through participatory practice in the contexts of

educational, community and health settings. Through engaging with the documentation listed above, the course learning outcomes will be refined slightly through the revalidation process to further to clarify the identity and emphasis of the degree.

The course aims and learning outcomes sit well within the Therapeutic Studies academic area and in relation to similar courses in the area (counselling and psychotherapy) with appropriate resources and staffing in place. The course learning outcomes do however need to be developed to meet the QAA Framework for Higher Education Qualifications (QAA, 2008) and more recent QAA Benchmark for Art and Design (QAA, 2017), therefore the opportunity will be taken by the Course Team to invigorate and ensure the relevance of the aims and learning outcomes at this time.

The course learning outcomes support the course aims by ensuring that key areas including knowledge and understanding, cognitive skills, professional skills and art skills form part of the course. Briefly, students are required to acquire relevant theoretical knowledge relevant to their subject area, be able to undertake appropriate methods of investigation to acquire knowledge and reflect on practice and to develop their art skills both practically and therapeutically. These principles will be maintained through the revalidation process.

<u>Existing BA(Hons) Creative and Therapeutic Arts Course Aims</u>

- To provide a stimulating and supportive environment for the personal and practitioner development of students;
- To provide an integrated, balanced experience that will develop art form skills, interpersonal skills, knowledge and understanding of clients' needs, work settings and contexts;
- To develop knowledge, skills and confidence in academic and applied learning;
- To equip students to succeed in careers such as an employed or self-employed Creative Arts Practitioner, or to progress onto further study

<u>Existing BA(Hons) Creative and Therapeutic Arts Course Learning Outcomes</u>

- Demonstrate understanding and use of theory and principles in their selected art form;

- Demonstrate knowledge and understanding of principles and theories of therapeutic approaches;
- Demonstrate effective use of observational, communication and interpersonal skills
- Form and maintain effective relationships with participants/clients and other stakeholders;
- Show understanding of the needs and characteristics of participants/clients including diverse needs resulting from cultural or social background, additional learning need or mental health difficulties;
- Demonstrate practical skills in your art form (see Handbook).

The learning outcomes for the course will be developed in line with QAA Framework for Higher Education Qualifications (QAA, 2008) and the updated relevant QAA Benchmark statement for Art and Design (QAA, 2017), which has been published since the last revalidation. The course content has been reviewed on an annual basis through the minor modification process and the collated feedback for this critical review didn't signpost to any major changes to the course content or assessments. The aims and learning outcomes for the course will be subtly refined to further their clarity and specificity, and the course's modular structure and titles will be reviewed to be increasingly relevant and fit for purpose.

The course maps against the Credits and Qualification Framework for Wales (2009) from level 4 to level 6, meeting the requirements for level 6 study by developing its curriculum to ensure:

- Students have advanced practical, conceptual or technological knowledge and understanding of a subject or field of work to create ways forward in contexts where there are many interacting factors.
- Students understands different perspectives, approaches or schools of thought and the theories that underpin them.
- Students can critically analyse, interpret and evaluate complex information, concepts and ideas.

(CQFW, 2009)

The existing aims of the course, outlined above, meet The Quality Assurance Agency for Higher Education (QAA) Descriptor for Higher Education Qualification at Level 6 on the FHEQ:

Students will demonstrate:

- a systematic understanding of key aspects of their field of study, including acquisition;
  of coherent and detailed knowledge, at least some of which is at, or informed by, the forefront of defined aspects of a discipline;
- an ability to deploy accurately established techniques of analysis and enquiry within a discipline;
- conceptual understanding that enables the student:
  - to devise and sustain arguments, and/or to solve problems, using ideas and techniques, some of which are at the forefront of a discipline;
  - to describe and comment upon particular aspects of current research, or equivalent advanced scholarship, in the discipline;
- an appreciation of the uncertainty, ambiguity and limits of knowledge;
- the ability to manage their own learning, and to make use of scholarly reviews and primary sources (for example, refereed research articles and/or original materials appropriate to the discipline).

Typically, holders of the qualification will be able to:

- apply the methods and techniques that they have learned to review, consolidate, extend and apply their knowledge and understanding, and to initiate and carry out projects;
- critically evaluate arguments, assumptions, abstract concepts and data (that may be incomplete), to make judgements, and to frame appropriate questions to achieve a solution - or identify a range of solutions - to a problem;
- communicate information, ideas, problems and solutions to both specialist and non-specialist audiences.

And holders will have:

- the qualities and transferable skills necessary for employment requiring:
  - the exercise of initiative and personal responsibility;
  - decision-making in complex and unpredictable contexts;
  - the learning ability needed to undertake appropriate further training of a professional or equivalent nature.

(QAA, 2010)

Minor changes to the wording of the course learning outcomes, in relation to the guidance above, are proposed as:

<u>Revised BA(Hons) Creative and Therapeutic Arts Course Aims</u>

- To provide a stimulating and supportive environment for the personal, artistic and practitioner development of students;

- To provide an integrated, balanced experience that will develop artistic skills, interpersonal skills, knowledge and understanding of participants' needs, work settings and contexts;
- To develop knowledge, skills and confidence in academic, work-based and applied learning;
- To equip students to succeed in developing meaningful artistic careers, within or beyond the sector, or to progress onto further study.

Revised BA(Hons) Creative and Therapeutic Arts Course Learning Outcomes

A. Knowledge and Understanding	A1: Select, experiment with and make appropriate use of materials, processes, technologies and environments showing understanding of quality standards and attention to detail for both facilitation practice and art studio practice.
	A2: Manage and make appropriate use of the interaction between intention, process, outcome, context, and the methods of dissemination in creative and therapeutic arts practice for wellbeing.
	A3: Refine individual artistic identity for both facilitation practice and art studio practice supported by advanced examples of research and experimentation.
	A4: Critically examine the underpinnings, principles and application of the theoretical context informing creative art practice for wellbeing; including arts in health, participatory arts and socially engaged arts
B. Intellectual Skills	B1: Articulate, synthesise and generate knowledge and understanding, attributes and skills in effective ways in the contexts of creative practice, employability and enterprise, preparation for further study, research and personal development
	B2: Apply interpersonal, social and negotiation skills in interaction with a range of colleagues, professional

	partners, employers and participants; interact effectively with others through collaboration, collective endeavour and/or negotiation
	B3: Present ideas and work to a diverse range of audiences in a range of situations by articulating ideas and information comprehensively in visual, oral and written forms
	B4: Articulate reasoned arguments through reflection and informed integration of the views of others in the development or enhancement of their evidence-based practice
C. Professional/ Vocational Skills	C1: Apply, consolidate and extend learning in different contexts and situations, both within and beyond the field of creative arts practice for wellbeing with a range of participants in diverse settings
	C2: Exercise self-management skills in managing workloads and meeting deadlines; accommodating change and uncertainty
	C3: Practising responsibly with skill and imagination while observing sound and ethical working practices, and professional/legal responsibilities relating to the subject; including a non-discriminatory approach
	C4: Ability to demonstrate personal resilience, commitment to and responsibility for professional conduct, professional autonomy, reflective skills and continuing professional development in diverse practice settings

2.2 Curricula

Use this section to indicate:

• How the curriculum content, design and organisation support students in achieving intended learning outcomes in terms of knowledge and understanding, intellectual (thinking) skills, professional/vocational skills, key (transferable) skills, progression to employment and/or further study, and personal development

• How curriculum content and design are informed by recent developments in teaching and learning, research and scholarship and professional requirements

The BA (Hons) Creative and Therapeutic Arts degree provides students with the opportunity to learn about, understand and integrate into their practice a number of theoretical perspectives on participatory and therapeutic practice; primarily through engagement in practice-based learning. There are currently 5 modules in year 1 (level 4), 5 modules in year 2 (level 5) and 4 modules in year 3 (level 6) supporting student learning.

Year 1 – Currently, the biggest module (40 credits) in each year of study is the Art module, which is made up of two projects, meaningfully engaging with professional partners and concurrently developing the student's practice to become increasingly inclusive and participatory. The students are encouraged, through their modules, to develop a creative community and to develop their understanding of what is meant by inclusive, creative practice – what it means to be creative in the context of therapeutic practice.

The students have further opportunity to apply their skills in practice through the 20 credit Professional Practice (1) module, which is supported and informed by the 20 credit Introduction to Therapeutic Principles module. The students' initial assessments are developed through their engagement with the 20 credit Academic Skills for Inclusive Practice module, and their understanding of their participants' experiences, relationships

and development is explored in Human Development (20 credits). While the content of these modules has been popular and effective with students, the complexity of the workload from five separate modules is often commented upon (SSCLG minutes, LOOP Course and Module Evaluations). The streamlining of separate modules is something we are eager to address at revalidation, ensuring relevance and integration of content across modules; developing a course identity and more integrated student experience (USW Student Experience Plan, 2016) through engagement with a spiral curriculum.

Year 2 – Art currently continues to be the biggest module (40 credits) and is again formed of two projects including collaboration with professional partners and other modalities; building on the initial learning from Art (1). Year 2 encourages students to develop their artistic identity and to explore its positioning in relation to others. This exploration of collaboration and interdisciplinary practice is further explored in Collaboration and Participation in the Arts (20 credits) and informs the 20 credit Professional Practice (2) where the students embark upon their individual placement, moving on from their group placement in Professional Practice (1).

This is further supported by the Application of Therapeutic Principles module (20 credits) and practical and logistical learning takes place through the 20 credit Working in Diverse Settings. As with Year 1, through the revalidation process we would like to bring the multitude of modules into a clearer, refined focus – enabling students to address many of the same valid learning outcomes and assessment points, but through a more contained, manageable modular framework. Many of the assessment methods will be maintained e.g. the Arts Council of Wales informed Funding Application as part of Working in Diverse Settings, however in an increasingly meaningful and applied context, in relation to the students' own placement projects for Professional Practice (2).

Year 3 – Year 3 has a slightly different structure with fewer individual modules; this is a model we are eager to proliferate across all years of study through revalidation activity, following positive feedback about this model from students (SSCLG minutes, LOOP Course and Module Evaluation). Art remains at 40 credits and is formed of one, year-long project culminating in the Graduate Exhibition at the end of the year; consolidating the learning from Art (1) and (2). Formative assessments are regularly plotted to ensure

engagement and continued development throughout this longer project. Here students are supported to focus on professionalism, autonomy, entrepreneurship and employability in terms of their art practice; embedding principles of employability and learning for employment.

Students' individual placement is longer and more in-depth in Professional Practice (3) which grows to 40 credits, building on Professional Practice (1) and (2). Giving increased weight to the placement module was informed by student feedback (SSCLG, Module Evaluations) and has been a popular decision with students (SSCLG, Revalidation Focus Group). This is a recent revision we would like to map further across the course through the revalidation process. The evaluation proposal task in Evidence Based Practice (20 credits) is based on the rich placement experience. The placement learning is further informed by Critical Reflection of Therapeutic Principles (20 credits) which develops the learning from the year 1 and 2 modules and prepares students for graduate practice. It is proposed that through revalidation, the centrality of evidence-based practice is embedded throughout the third-year modules as well as across the course.

The culmination and consolidation of learning across levels 4 to 6 equips students with the USW Graduate Attributes discussed in the USW Student Experience Plan (USW, 2016), including innovation and enterprise; project management; digital literacy; leadership; commercial awareness; and communication.

Current Module Titles and Credit Weightings

Year of Study	**Module Title**	**Credit Weighting**
Year 1	Art (1)	40 credits
	Professional Practice (1)	20 credits
	Introduction to Therapeutic Principles	20 credits
	Academic Skills for Inclusive Practice	20 credits
	Human Development	20 credits

Year 2	Art (2) Professional Practice (2) Application of Therapeutic Principles Collaboration and Participation in the Arts Working in Diverse Settings	40 credits 20 credits 20 credits 20 credits 20 credits
Year 3	Art (3) Professional Practice (3) Critical Reflection of Therapeutic Principles Evidence Based Practice	40 credits 40 credits 20 credits 20 credits

The content of the curriculum is based on current practice in the field across a range of potential areas of practice, as well as the most up to date practice-based research and innovation in participatory arts practice (Fox and Macpherson, 2015; Clements, Hughes and Stiller, 2015; ArtWorks Cymru, 2015). Over the last 6 years, the course content and structure has responded to the changing demographics of local populations, diversification of participants' needs, development of innovation in technology and digital technology used in participatory arts practice and non-traditional practice settings. Equally, in response to the socio-political climate, the Socially Engaged Art Practice, Community Arts and Creative Arts in Education scenes have expanded and, therefore, there are plentiful examples of current professional practice for students to engage with as part of their studies.

There are core modules in each year of study (Art, Professional Practice, Therapeutic Practice) forming part of a spiral curriculum (Bruner, 1960; Fry, Ketteridge and Marshall, 2015) which enables students to be gradually introduced to the seminal theories of the discipline and engage with them in depth appropriate to their level of study (QCF, 2013; QAA, 2014). We are eager to build on this spiral curriculum design and develop these core and foundational modules of study in all years through revalidation.

Furthermore, up to date research and practice based evidence have been applied in developing students' professional skills (planning projects and interventions, contracting

skills to enable collaborative working with participants and establishment of good therapeutic boundaries; practical skills in how to end therapeutic relationships well; signposting, and working with others in multidisciplinary settings), specialist skills (working with their art skills to enable expression and growth and supporting participants' preferred method of expression, communication and exploration of their experiences) and research skills (critical exploration of existing knowledge, using appropriate research and evaluation methodology to critically examine their own and other practitioners' practice, innovation in and development of practice and participants' voice in project planning and delivery). Enabling students to develop these skills in a more focused way would further their relevance and application to practice, and the spiral, modular structure proposed at revalidation reflects this.

Our graduates have been successful in gaining employment in a number of charities, agencies, educational institutions and organisations, with 100% in graduate employment in 2016-2017 (DHLE, 2017). Several graduates have chosen to undertake further study to enhance their practitioner skills, in a range of related disciplines (including MA Arts Practice: Arts Health and Wellbeing, MA Art Psychotherapy, MA Music Therapy, MA Occupational Therapy, MSc Play and Therapeutic Play) within and beyond USW. Embedding evidence-based practice and researchful thinking throughout the course will nurture these graduate level skills, enabling increased numbers of students to consider further study, should they choose.

Other graduates have established their own businesses or are practising as freelancers, supported by the USW Freelancers Academy (USW Careers), choosing a portfolio career to maintain diversity and challenge in their practice. It is hoped that the revalidated course will provide increased opportunities to explore these models of practice through students' studies.

It is exciting to welcome graduates back to provide workshops and seminars as part of the course teaching, which is very well received by students. Several students commented that this was the most valuable part of the module:

> "It was also really lovely to have a graduate of the course to facilitate as I felt as though she was able to empathise with all of our concerns … [she] gave good explanations about skills she had learned from the Creative and Therapeutic Arts course and how she puts it in to practice"
>
> (Student's Reflection on the Project, 2016).

To take students to local community arts festivals where graduate work is being exhibited is also an excellent way to showcase progression routes and the tangible successes of graduates. Further, it was a pleasure to note that a recent graduate was shortlisted for the USW Alumni Awards (October, 2017) to recognise her contribution to future students' development through seminars and placement support.

Professional Skills and employability are at the core of the course, and embedding the USW Employability Award 'GradEdge' in the year 3 Professional Practice (3) module has furthered this agenda. This commitment to embedding professional practice through innovative methods has been recognised through Faculty Awards for Personal Development and Employability (IELTA, 2015, 2017; TELTA, 2017) and nomination to represent USW at the THEA Awards in 2016 and 2017. It is clear that the employment, further study and career progression success of graduates evidences the high quality of the training this course produces. USW's culture of embedding employability and work-based learning (USW Curriculum Design Guide, 2013; USW Academic Blueprint, 2014) contrasts some of the literature which suggests access to work-based learning and application of theoretical knowledge is often a barrier in participatory arts practice (Burns, 2012). It is positive that the organisational culture as well as ethos of the course team is aligned with the recommendations in the literature of developing higher education provision in this specialised field (Buttrick, 2012).

2.3 Assessment

This section is about evaluation of the assessment process and the standards it demonstrates.

Please comment on:

• How assessment supports the demonstration of the achievement of learning outcomes

• How assessment criteria distinguish between different levels of achievement

• The adequacy of formative assessment

• The adequacy of standards of achievement in relation to external reference points including relevant aspects of the QAA's UK Quality Code and professional requirements

The USW Assessment for Learning Policy (2015) encourages the development of an approach to assessment that meets established principles of good practice. Unless agreed by exception, work is submitted online and feedback returned online. Over the past three years, efforts have been made to significantly streamline the volume of assessment, in line with the USW Assessment for Learning Policy (2015), USW Assessment Dialogue process, USW Academic Blueprint (2014) and USW Assessment Tariff. It is a USW requirement that provisional mark and appropriate feedback is provided to the student within 20 working days of the assessment submission deadline, and this is consistently upheld by the course team.

Assessments have been developed over the past three years via the modifications process to ensure they comply with the USW Academic Blueprint (2014), and provide the most appropriate and constructive learning opportunities to the students. Principles of the Academic Blueprint (USW, 2014) include:

- Assessments should be planned across the Course to ensure a variety of assessment for the students.
- The course assessment diary must be used by Course Leaders to avoid assessment bunching and must be issued to students at the start of each academic year. Once published to students, at the beginning of the year, the nature and hand in date of the assessment must not be changed.
- Maximum of 3 learning outcomes per 20 credit module.
- Up to 48 hours direct contact per 20 credits.
- No more than 2 elements of summative assessment per 20 credits.

- Unless a Professional Statutory Regulatory Body (PSRB) indicates otherwise, the overall mark should determine pass or failure of a module ie “bonded” assessment (Quercus).

Hypothetical or simulation-based tasks have proved challenging for students to relate to and have often been reflected upon as detracting from the focus of the practice with vulnerable participants on placement (SSCLG minutes, LOOP Module Evaluation). This will be something important to address through the revalidation process and we propose to do so by integrating meaningful assessment tasks into the modules where students are invested and motivated to support their placement participants, developing the commitment to the task as well as the students’ perception of its relevance.

Critiques of art works are conducted frequently and informally throughout the art modules, to challenge and support the development of the students’ artistic identity, as is seen as paramount in the literature (ArtWorks Cymru, 2015; Swindells *et al.,* 2016; QAA, 2017). It is proposed that this formative feedback mechanism is formally recognised through the revalidation of Art modules. Ongoing formative assessment and feedback is incorporated consistently into all modules as a mechanism for maintaining engagement, developing rich, high level learning opportunities and improving assessment prospects (USW Assessment for Learning Policy, 2015). We feel it will be important to continue and formally recognise this formative process through the revalidation activity.

The Course Team has worked very hard to develop strong working relationships with other USW departments, including the Advice Zone, Library Services, Student Services, Disability and Dyslexia Support (DDS), Health and Wellbeing Service, Study Skills Service and USW Careers, to ensure students have awareness of and access to all relevant points of support for their learning and progression. Through engaging with the Pilot Phase of the Personal Academic Coaching component of the Student Experience Plan (2016) in 2016-2017, students’ progress and engagement with assessment was monitored and supported. This was a valuable opportunity for the Course Team to closely explore students’ engagement with necessary services and provision and to develop pathways for more efficient signposting. The Course Team are currently engaging in a

pilot project with DDS to explore the lived student experience of engaging with and accessing this important provision.

Assessment marks are communicated to students in the form of a percentage, supported with detailed narrative feedback and an assessment matrix demonstrating how the percentage mark was generated. We feel the transparency of sharing the assessment matrix is crucial to empowering students to take responsibility for their own learning and building upon their feedback and 'feed-forward'. The pass mark for the assessments of the BA (Hons) Creative and Therapeutic Arts is 40%, in line with the USW Regulations for Taught Courses. Late submissions (within 5 working days) at first attempt can score a maximum of 40%. Students are supported to fully understand and engage with the Extenuating Circumstances processes as necessary and appropriate.

Current assessments are:

Year 1				
Module Code	**Module Title**	**Assessment Title**	**Assessment Type**	**Weighting**
TS1S001	**Academic Skills for Inclusive Practice**	Field Trip: Observational Notes Essay	1000 words 3000 words	25% 75%
G108022	**Professional Practice / Placement (1)**	Observation Portfolio	Practical Portfolio (no word count)	40% 60%
G108018	**Art (1)**	<u>Project 1</u> Group Suitcase, Individual Resource, & Explanatory Text <u>Project 2</u>	Art work and supporting documentation	50% 50%

		Artwork Art Workbook	Art work and supporting documentation	
G108017	**Introduction to Therapeutic Principles**	Essay Digital Presentation	2500 words Presentation	50% 50%
G108021	**Human Development**	Presentation Supporting Commentary	6 minutes 1000 words	70% 30%

Year 2				
Module Code	**Module Title**	**Assessment Title**	**Assessment Type**	**Weighting**
TS2S001	**Working in Diverse Settings**	Exercise Presentation	3000 words 20 minutes	60% 40%
G108023	**Art (2)**	<u>Project 1</u> Artwork Art Workbook <u>Project 2</u> Artwork Explanatory Text	Artwork and supporting documentation Artwork and supporting documentation	50% 50%
G108026	**Professional Practice / Placement (2)**	Presentation (seminar) Portfolio	15 minutes Portfolio (no word count)	50% 50%
G108027	**Application of Therapeutic Principles**	Essay Digital Presentation	2500 words Presentation	50% 50%

G108028	**Collaboration and Participation in the Arts**	Essay Group Live Art	3500 words Practical	70% 30%

Year 3				
Module Code	**Module Title**	**Assessment Title**	**Assessment Type**	**Weighting**
G108460	**Critical Reflection of Therapeutic Principles**	Essay Presentation	3000 words 20 minutes	50% 50%
TS3D001	**Professional Practice / Placement (3)**	Presentation (seminar) Portfolio	20 minutes Portfolio (no word count)	25% 75%
TS3S004	**Evidence Based Practice**	Evaluation Proposal	6000 words	100%
G108030	**Art (3)**	Project 1 Exhibition	Artwork and supporting documentation	100%

Assessment methods are carefully designed and placed across the whole three-year programme to ensure opportunities for progression across levels of study and opportunities to fully realise the learning outcome of each module in the most relevant modality. This is also encouraged in the USW Assessment Dialogue and USW Academic Blueprint (2014), and moving away from over-reliance on written assignments has been regularly advocated by our creative students (SSCLG minutes, LOOP module and course evaluations) as well as the outgoing and more recent External Examiners (External Examiner Reports and Informal Communications, 2015, 2016, 2017).

It is worth noting that the proportion of students on the BA (Hons) Creative and Therapeutic Arts degree who identify as having additional learning needs, specific learning differences or mental health challenges is perceived to be relatively high. This is sensitive data to capture, and there is a discrepancy between students identifying as having additional needs and those in receipt of a diagnosis and thus support. The aforementioned project with DDS is hoping to understand student experiences better in this context.

Not all students who identify as having additional needs qualify to access specialist provision, and both managing expectations around this and ensuring access to appropriate support is an area the Course Team are working hard to explore and develop within the parameters of university policy and provision. It is proposed that further engagement with principles of inclusive practice (Grace and Gravestock, 2009; HEA, 2011; Beauchamp-Pryor, 2013) and universal design for learning (UDL) in Higher Education (UDLL, 2016) will be further incorporated at revalidation in an aim to reduce barriers to participation and engagement for students with diverse learning needs, as is seen as prominent in students on creative courses (Juggins, 2000; Woolf, 2002; Howe, 2011; Tobias-Green, 2014).

Aside from additional learning needs, the assessment opportunities afforded by the course are developed to provide meaningful and authentic opportunities to engage in the portfolio of tasks and challenges necessary as a professional in this field (Art Works Cymru, 2015; Fox and Macpherson, 2015). This includes exploring and responding to artist calls, completing funding applications, pitching one's ideas to industry experts, conducting literature reviews, developing project plans and evaluations, creating artwork individually and collaboratively in line with a range of theoretical approaches, and writing towards publication. While the written form isn't the most popular with all creative students, the Course Team have endeavoured to develop a balanced curriculum which provides the necessary theoretical context to underpin practical activities, and presents opportunities to learners with a diversity of learning styles and needs (Light and Cox, 2009; Grace and Gravestock, 2009; USW Academic Blueprint, 2014) including those who

excel at writing and wish to pursue further and higher level study (26% of students continued to further study between 2014-2016, DLHE statistics).

The course structure provides opportunities for coherence and progression through a spiral curriculum approach (Bruner, 1960; Fry, Ketteridge and Marshall, 2015). This is a model which the Course Team feels is effective, based on student engagement and feedback (LOOP Module and Course Evaluation, SSCLG Minutes) and provides opportunities to establish and embed an understanding of the core competencies of the discipline. The proposals for the newly validated course further build on this model, and seek to streamline the student's experience of the course to building on these fundamental areas of the practice. This also provides important opportunity for the Course Team to carefully align each module with the necessary level of study as outlined by the QAA (2014).

Proposed changes to the course through revalidation include streamlining the number of modules per level of study, working towards larger 40 credit modules with greater integration and relevance across modules, creating a strong course identity and community of learning for students. These revisions are in response to the critical review of student feedback, practice-based evidence and contemporary research both in participatory arts practice and in higher education pedagogy.

3. QUALITY OF LEARNING OPPORTUNITIES

Judgements about the quality of learning opportunities will be made on the effectiveness of the teaching and learning opportunities provided; on the effectiveness of the use of learning resources (including staff resources) and on the effectiveness of the support provided to students to enable them to progress within the course.

3.1 Teaching and Learning

Please comment on:

• The quality of teaching materials and the effectiveness of the range of teaching methods, teaching in relation to curriculum content and course aims

• How effectively staff draw on their research, scholarship and/or professional activity to inform their teaching • How engagement and participation by students is facilitated. Is this effective?
The course is particularly committed to the University's agenda on practice-based learning and the way in which the University aims to enhance student and stakeholder experience in order to meet its vision (USW Academic Plan, 2014). Importantly the Course team aim to promote effective, inclusive learning and teaching and to provide the support students require to enable them to progress and succeed. This is achieved through engagement with the Personal Academic Coaching model (USW Student Experience Plan, 2015) and regular and consistent signposting to relevant provision, including Disability and Dyslexia Service (DDS), Wellbeing Service, Student Money, Study Skills and Library Support. The USW Learning and Teaching Strategy prioritises achievement, progression and completion for all the institution's learners, with the core emphasis throughout on inclusive learning. This is paramount to the ethos of the course, with parallel processes modelled in the inclusive teaching and the inclusive facilitation students will engage with in their own participatory practice (Grace and Gravestock, 2009; HEA, 2011; ArtWorks Cymru, 2015). The learning and teaching strategy developed in the context of the USW strategy will also address the Higher Education Funding Council for Wales (2017) publication *Higher Education for Future Generations.* Further engagement with HEA (2011) *Inclusive Curriculum Design in Higher Education*, UDLL (2016) *Universal Design for Learning: A Best Practice Guideline,* and other sources informing inclusive pedagogy will be further consulted to ensure the inclusivity and accessibility of provision. Students are encouraged to become critical thinkers and to develop as independent, autonomous learners throughout their time on the course. Key areas of focus for the revalidation have been around developing self-sufficient, employable practitioners who are professional, ethical, and evidence-based (Minutes of Course Team Meetings, 2017).

Professional practice is central to this vision, in providing meaningful learning opportunities for students through real life engagement with employers. USW has radically reformed its assessment regime in recent years and will continue to ensure that assessment is reflective, assesses both skills and knowledge and is based upon activities that reflect real world tasks.

The student cohort is mixed in terms of background, previous experience, skills and knowledge level and maturity. While we endeavour to develop a collegial, professional training, this is balanced with necessary, nurturing support appropriate to level 4-6 teaching. Creating a community of learning is vital to the engagement and commitment of students and subsequently to their learning and teaching experience (HEA, 2011; Student Experience Plan, 2015).

To deliver the inclusive, work-based learning discussed, the Course Team draw heavily from their ongoing practice in industry; all staff members maintain their professional practice, whether full or part time, ensuring that opportunities and experiences from practice inform the curriculum and teaching. This is a strong part of the rationale for a primarily part time staff team, in order that currency of practice can be maintained without significant impact on workload. There are regular opportunities for students to engage with lecturers' professional practice outside of the parameters of the course, through a wealth of volunteering and paid apprenticeship opportunities where possible, as well as attending staff members' exhibitions and project sharings. Apprenticeships are a recent addition to the course provision but one we are eager to nurture as the emphasis on professional networks and employability increases in the proposed revalidation. These opportunities are made available to all students with the appropriate level of experience e.g. occasionally opportunities will be focused on year 3 as opposed to all years of study; and students are encouraged to apply via a statement of what they would bring to the project or opportunity. Staff integrate such opportunities into the planning, workload and funding of external projects to ensure this doesn't impact on staff engagement with external projects (or university work), but also that the roles are meaningful and sustainable for the student involved. Opportunities are only offered in contexts that don't

interfere with students' lectures, placements or assessments and are typically extra-curricular and off-site.

The Course Team also design the curriculum and assessments around these professional engagements, such as the Professional Practice (1) project following the trajectory of a Lead Creative School model (Arts Council of Wales, 2016). This enables students to develop insight and experience into employment opportunities as part of their studies. Such models can be challenging and time consuming for the Course Team to organise and manage, but this approach is seen as integral to students' understanding the real world context of their learning on campus, informed by the value of experiential learning as advocated by USW as well as current pedagogy (Mortimer, 2017). Specifics of organisation or context aren't written into module documentation to ensure there is flexibility within the rich database of professional networks the Course Team have. Seminal projects have been developed over several years and established professional relationships are nurtured to maintain the reliability of opportunities.

Course teaching is also enriched by a Field Trip in the first year of study, where students visit the VC Gallery and The Darwin Centre in Pembrokeshire and work with nationally renowned participatory artists to create artwork with veterans who are experiencing Post Traumatic Stress Disorder (PTSD). Students comb the beaches as part of the Darwin Centre's marine conservation agenda and return to the VC Galley space to facilitate collaborative arts workshops. Students also have the opportunity to meet with Dyfed Drug and Alcohol Services and West Wales Action for Mental Health as collaborators and potential employers. There is also opportunity to visit Oriel y Parc where students experience an Artist in Residence model and consider how this further relates to the examples of practice they have explored to date. We see this trip as an opportunity to explore in practice the theoretical ideas students have begun to learn about during their studies. This is also a prime opportunity for students to network with potential employers as well as establishing a course community and identity. This is one example of how we bring the practice to life, and similar examples are explored with other groups and professional networks, including the Touch Trust where we work with participants with profound and multiple learning disabilities (PMLD); Hijinx Theatre where we work with

adults with learning disabilities; Gwent Arts in Health (GARTH) where we work with health care professionals as well as patients and family members; and Head4Arts where we engage with a range of professional community arts projects which empower many diverse participant groups within the local community.

The Course Team's knowledge and experience base is intentionally diverse with a vast range of specialism, both within practice and scholarly activities. The team use their ongoing practice both directly and indirectly to inform planning, design and delivery of course activities.

Full time Course Leader, Beth Pickard, is a registered and practising Music Therapist who draws from her person-centred, non-normative practice in her teaching and scholarly activity. Beth also engages with arts in health and community music projects, the most recent of which with the charity 'The Amber Trust': developing opportunities to nurture and support family relationships for premature babies with visual impairments through music. This project has been a useful model to share with students in discussing the social model of disability in 'Academic Skills for Inclusive Practice' as well as a model for discussing evaluation in 'Evidence Based Practice'. Beth is a passionate advocate of inclusive practice and enjoys engaging in research and writing in this area; she has presented several conference presentations and academic posters around inclusive practice and social model practice, and her recent book chapter entitled "Valuing Neurodiversity: A Humanistic, Non-Normative Model of Music Therapy Using Rogers' Person-centred Approach with Young Adults with Autism Spectrum Conditions" is due to be published by Jessica Kingsley Publishers this year. Beth draws from the principles of her therapy practice to inform discussions on ethical practice, non-directive facilitation and communicative strategies. Beth's work across the BA (Hons) Creative and Therapeutic Arts degree as well as the MA Music Therapy and MA Art Psychotherapy enables her to further develop insight and innovative strategies for engaging in inclusive learning and teaching practice and curriculum design in higher education; this is the topic of her current research paper, which is in process as well as proposed future PhD study.

Part time Senior Lecturer, Becky Davies, currently works as a set and costume designer for performance, an artist, and a creative workshop facilitator. Her current projects

include #MySongMyStory with Dementia Charity, Forget Me Not Chorus. In addition to designing celebratory performance spaces for the choristers with Dementia and their families, Becky will be facilitating creative workshops to produce artwork for a public exhibition and concert at Penarth Pier Pavilion in June, 2018. Students have already been assisting Becky as part of this project in addition to gaining paid work opportunities as part of the project. Becky is also an Associate Artist of accessible and inclusive theatre company, Taking Flight, designing creative access resources for productions with a particular focus on access for people with sensory disabilities. She is also the Resident Designer for Leeway Productions who are currently re-imagining the musical, The Last 5 Years, to incorporate BSL and other forms of creative access.

These innovations in creative access resources are directly reflected in the design of projects across the art modules e.g. Level 4 students producing a suitcase of access resources to use on placement and the Year 3 students designing an accessible Graduate Exhibition. In addition, Becky has created the album artwork for bilingual hip-hop artist, Rufus Mufasa in preparation for her latest album launch on the 1st of December and Becky is currently working on several private drawing and painting commissions on the subject of memories, nostalgic objects and places of importance. This supports Becky to teach students in terms of their painting and drawings skills, for example, through Life Drawing in Year 1 and to develop their conceptual thinking as an artist, particularly with regards to how to apply your artistic identity to a given brief.

Part time Senior Lecturer, Mike Kay, is a practising Mental Health Counsellor for Aneurin Bevan University Health Board, from which he draws upon twelve years of experience to inform his academic work. Mike has a special interest in psychological stress, wellbeing, resilience and Mindfulness, and provides a range of professional courses for external organisations including Macmillan Cancer Support and Association of Sign Language Interpreters (ASLI). This interest heavily informs the course teaching and the curriculum design of the Therapeutic Principles modules.

Part time Lecturer, Charlotte Chapman, is a community artist and arts project manager; delivering projects nationally and internationally. She has worked closely with Dr Hannah

Rumble from the University of Bath's Centre for Death and Society on "Dead & Buried": a participatory research project with a group of young people looking at their creative response to natural burial. Charlotte has also worked extensively on the topic of "Death" with young people with Bristol museum and Art Gallery and Creative Youth Network. This is a project from which Charlotte draws in her teaching on Professional Practice and Art modules across year-groups. Charlotte also shares her networks with the course by developing trips and enrichment opportunities to engage with these community organisations as part of the course. She was awarded an Arts Council England artist international development fund working to work alongside Ghanaian artists on their participatory approaches with young people on the subject of death. This included delivering a piece with a group of young people for Chale Wote street arts festival, James Town.

Charlotte ran a community arts collective in Bristol "Kumiko Community Arts" and is now working in Wales for Head4Arts, an arts organisation in Blaneau Gwent. This practice heavily supports students to understand practices of working in both employed and self-employed capacities, an important influence Charlotte brings to the Professional Practice modules. Charlotte is a board member for The Share Centre in Newport and is currently working with them to extend their arts delivery across the city. She recently started Bryn Celf, a 10 week art project for adults with disabilities funded by Comic Relief and is developing a longer term creative enterprise project for young people with multi partners; Share Centre, University of South Wales, Itec and Riverfront in Newport. Students are invited to volunteer as part of such projects, and a paid apprenticeship was developed for a student as part of the funding application.

Part-time lecturer, Heloise Godfrey-Talbot, is an artist who often works in a participatory or collaborative way. For the past five years, Heloise has been the lead participatory and video artist working with Professor Emma Renold through Cardiff University and Productive Margins: Regulating *for* Engagement. Heloise has created opportunities to collect qualitative research through facilitating experiences that focus on the importance of the voice of young people in having a say about the issues that impact their daily lives.

These participatory sessions have culminated in the production and screening of several co-created ‘Artist Films’. For a sexual harassment case-study see the ground-breaking DIY toolkit, AGENDA: A Young People’s Guide to Making Positive Relationships Matter (2016, pp. 65-66). Heloise’s practice, with its focus on the power of participants’ creativity to effect positive change and the importance of participant autonomy in the designing of creative sessions, is brought into her teaching as module leader for Professional Practice (2) and Art (2) on the course. This teaching is supported by examples of artwork and films made with the young people as well as the inclusion of AGENDA as recommended reading. Heloise is also a long-term collaborator (video art/ dramaturgy) with internationally known choreographer Jo Fong, with whom she explores ways of making community. This has informed the Art (2) Modules where students had an opportunity to collaborate creatively with USW BA(Hons) Dance students.

Part time Placement Officer, Rhiannon Kemp, has a background in performing arts with a degree in this field. Professionally, she has facilitated Forum Theatre workshops with numerous diverse groups of participants and is currently training in Counselling Skills and Relationship Counselling, which provides further insight into the subject matter of the course and the students’ experiences. While Rhiannon’s role is logistical and administrative, her insight into participatory arts and therapeutic practice is vital in developing relevant and meaningful working relationships with our professional networks.

Staff discuss openly and regularly with students about their ongoing professional engagements and their relevance to the course content and delivery. The SSCLG forum has proved constructive in providing anonymous opportunities for students to honestly discuss their lived experiences of the course and for staff to respond in authentic and transparent ways.

Significant developments to the course, whether relating to the curriculum through the modifications process or relating to course culture or logistical matters, have developed through the forum of the SSCLG. The Course Team are grateful for this opportunity to engage openly with the student body. The LOOP Evaluation tool has been effective to an extent since its introduction last year; there were mixed response rates across modules

and some of the course related feedback was difficult to respond to due to the limitations of the question and the anonymous nature of the data collection. This year's strategy of engaging in the SSCLG first to understand and respond to any immediate or unclear concerns appears initially to be constructive, since course evaluation collated on LOOP after the SSCLG appears to be overall more positive. While this activity is still in process, it is hoped that engaging in the SSCLG first will give students the opportunity to discuss their concerns and develop resolutions, before logging these in a more static way on LOOP. It would also be constructive to capture any positive experiences on the course via LOOP, as well as areas for development (SSCLG).

While the National Student Survey (NSS) hasn't been widely consulted over the past two years, due to the course not reporting on the basis of low student numbers, the Course Team are eager to receive and understand feedback through this forum this academic year. Unfortunately we weren't able to reliably identify open comments due to low numbers of qualifying responses in previous years. However this will be an area of focus this year with triple the number of students in the third year cohort and a clear drive to ensure we score and receive this important NSS feedback.

The Course Team are very eager to maintain a culture of openness and availability to students, and welcome discussions throughout the term, whether relating to academic or pastoral matters. The Personal Academic Coaching scheme (USW Student Experience Plan, 2015) has provided structure to this approach, and students appear to be responding well to these planned outlets for discussion and signposting (Student feedback to CELT Intern in evaluation Pilot Project).

3.2 Student Progression

Please comment on:

• The effectiveness of arrangements for admissions and induction

• The effectiveness of academic support including written academic guidance, feedback, tutorial support and supervisory arrangements

• Cohort and/or statistics which provide demographic data and indicate numbers, progression, retention and achievement

The course admissions process follows USW admissions processes, and interviews are reviewed on a standardised matrix, informed by the applicant's presentation of a twenty-page portfolio and discussion at interview. A breadth of applicants have been applying to this increasingly popular and established course, enabling us to recruit trainees with much potential to become sound practitioners and valued contributors to the development of the profession. Recruitment and retention had been an area of challenge and thus focus, however in developing the course's reputation over recent years, both recruitment and retention have improved significantly. The course team are now able to recruit slightly more selectively to further improve retention.

It is interesting to note that while number of applicants has been consistently around the 60-70 mark for several years, number of applicants choosing to take up their place to study on the course has significantly increased over the past four years:

Year of Study	2014-2015	2015-2016	2016-2017	2017-2018
Number of applicants	61	70	75	68
Number of students enrolling	**12**	**25**	**25**	**21**
Percentage of applicants translating into students	20%	36%	33%	31%

The percentage of students applying and *not* commencing studies is distributed between a small number not being offered a place, and the remainder either withdrawing applications due to personal circumstances or mental health challenges, or enrolling on a different programme. We are eager to increase these percentages of enrolling students

through future engagement with USW Touchpoint scheme and further emphasising the unique qualities of this course through increasingly proactive marketing and Open Days.

Year 1 is often the key focus for retention, with the necessity of establishing a course community and of students making necessary arrangements for their learning needs and mental health provision to support their continuing studies. Statistics below demonstrate increased retention over the past 4 years (77% increase from 2014-2015 to 2017-2018), which the Course Team feel is due to increased pastoral support, systems to recognise students who are struggling e.g. PAC, and projects to improve relationships with student services e.g. DDS.

Year of study = Year 1	2014-2015	2015-2016	2016-2017	2017-2018
Retention	**33%**	**84%**	**88%**	**Currently 100%**
Comments	4/12 students withdrew • 3 students withdrew on grounds of mental health. 1 student withdrew for personal reasons.	4/25 students withdrew • 2 students transferred to another related USW course. 2 students left on grounds of mental health.	3/25 students withdrew • 1 student initially suspended on grounds of mental health and didn't feel able to return. • 1 student withdrew on grounds of physical health, mental health and disability. 1 student withdrew for personal reasons and relocated.	(1/21 student engaging in suspension of studies on grounds of mental health, but eager to return)

It is not proposed that students with less significant additional learning needs or less significant mental health needs are enrolling on the course, indeed we continue to attract students with a wide range of experiences, as is common according to the 'wounded healer' discourse as well as exposure to therapeutic arts often emerging from personal experiences. However, it is proposed that increased awareness of and engagement with Student Services, as well as increased sense of course community and pastoral support, is enabling and empowering students to continue their chosen path of study.

Our induction processes have been valued by students in providing a thorough and holistic introduction to the course and the wider university community. The course received a special mention in the Immersive Learning Project Report for our engagement and commitment to the approach; this was also well received by students who valued the sense of community and introduction to the local area the induction processes offer (USW Immersive Learning Project Report, 2016; LOOP Evaluation; SCCLG minutes). Attention is given to signposting to vital provision such as Disability and Dyslexia Service (DDS) and Health and Wellbeing Service, which are used frequently by our students. This provision could be built upon further.

The course structure and assessment requirements are also introduced at the start of each year, including information about relevant modules (specific to each year group). This has worked well, however we are aware of the volume of information provided each year and are considering making the Virtual Learning Environment (VLE) more interactive on the course home page so that some of the information given during induction can be accessed there before the start of the course.

We also feel it is important to provide experiential examples of the ethos of the course, and so provide enriching trips and field trips as part of induction week to introduce students to both the practice and the local area. This has proven popular and a valuable opportunity for socialising and getting to know each other before the immersive learning period commences (USW Academic Blueprint, 2014). Opportunities for all year groups to meet have been developed over recent years and were particularly well received this

year (SSCLG minutes, LOOP Course Evaluation). We hope to build on such opportunities as the course develops further.

The academic guidance on the course is provided via:

- Course and Module Handbooks;
- Tutorials (scheduled as part of the Personal Academic Coaching scheme and as requested);
- Lectures, Seminars and Workshops;
- Student Staff Course Liaison Groups (SSCLG);
- Assessment Briefs, Assessment Matrix;
- Assessment Feedback (formative and summative);
- Peer Feedback.

Overall, this has been found to be constructive and effective, with the External Examiner consistently commenting on the high quality of staff feedback to students, particularly via assessment feedback (External Examiner Report, 2015, 2016, 2017).

The student statistics/progression/achievement are below:

Intake	**2011/12**	**2012/13**	**2013/14**	**2014/15**	**2015/16**	**2016/17**	**2017/18**
Applications	N/A	N/A	N/A	61	70	75	68
No of students commencing studies	20 (15 Art and 5 Music)	21 (16 Art and 5 Music)	23 (17 Art and 6 Music)	13 (12 Art and 1 Music)	22 (all Art)	25 (all Art)	21 (all Art)
Successful completion	13	12	9	5 (1 pending)	N/A (21 in current 3rd year)	N/A (23 in current 2nd year)	N/A (21 in current 1st year)
Retention (includes students who suspended re-entering	65%	57%	39%	43%	95%	92%	100%

years of study)							
Employment	69%	92%	100%	N/A	N/A	N/A	N/A
Further Study	46%	17%	17%	N/A	N/A	N/A	N/A
Either in Employment or Further Study	**92%**	**92%**	**100%**	N/A	N/A	N/A	N/A

While the statistics above don't show a significant increase in applications or students commencing studies, it is noted that until 2014/2015, the course was recruiting to an Art *and* a Music pathway. Whereas the statistics to 2014/2015 are for two modalities, the statistics for 2015/2016 onwards are purely for the Art Pathway, and thus are significantly increased than the equivalent Art Pathway in previous years.

The most significant challenge for the course in light of the increased student numbers will be two-fold:

- A good quality placement experience and learning will need to be maintained with a focus on the identification and development of further placement opportunities to meet the course's demand. This has been addressed in part through developing a group placement in year 1 which meets both this demand and the students' learning needs at level 4 (QQA, 2014), as well as the immersive learning agenda (USW Academic Blueprint, 2014).

- Teaching facilities and physical space resources will need to be planned and maintained to facilitate practical, workshop-based teaching with suitable making space/studio provision for individual and group work. General purpose teaching rooms and ICT based resources have been found sufficient and meet current requirements.

Students' progression through the course has been well supported by the diligence and commitment of staff and engagement with university policies and provision. In instances where students did not meet the relevant progression requirements, University regulations have been followed to support students appropriately (mainly through retrieval process and engaging with any additional support of relevance to their circumstances or learning needs). Increased engagement with the Progression Team this year has further supported this agenda.

It is noted that there have been challenges relating to retention in the course over the past five years. There have been a number of factors which have influenced this, including significant changes to course structure, course team, course organisation and campus. While the statistics above don't clearly indicate so, it is typically within the first year of study that significant attrition is seen. This is recognised by the Course Team to be predominantly relating to students' significant mental health needs or additional learning needs, and the challenge of accessing the course while also managing these needs. There has been significant investment in further signposting and supporting students with the needs outlined above to access the necessary provision as efficiently as possible to support their transition into the Course Community. The Course Team will also invest in learning about universal design for learning (UDL) and any barriers to students' success which could be posed by the curriculum, course culture or systemic issues.

While there will always be some students who decide for personal or academic reasons that the course isn't for them, we are eager to enable those who are passionate about studying the course, to stay. It is noted from the current 2015-2017 data, that retention is significantly improved since the course has established itself at Treforest Campus, improved its course organisation and focused its energies on solely a visual arts pathway (Average retention 39% in 2013/14 and 95% in 2015/16, with similar projections for subsequent years).

It is felt that engagement with the Personal Academic Coaching model and associated learner analytics has further enabled the Course Team to engage proactively with students to support them in advance of reaching crisis point or failing an assessment (USW Student Experience Plan, 2015). The formalisation of the existing tutorial structure has been vital for managing and overseeing student support and retention from a course perspective.

In relation to student performance on the course; the statistics below show pass rates for the past three years at the Summer Progression Board:

	2014-2015	**2015-2016**	**2016-2017**	**Average**
Year 1	Clean pass = 75% Retrievals = 25% Extenuating circumstances = 0%	Clean pass = 79% Retrievals = 16% Extenuating circumstances = 5%	Clean pass = 78% Retrievals = 13% Extenuating circumstances = 9%	Clean pass = 77% Retrievals = 18% Extenuating circumstances = 4%
Year 2	Clean pass = 100% Retrievals = 0% Extenuating circumstances = 0%	Clean pass = 63% Retrievals = 25% Extenuating circumstances = 13%	Clean pass = 65% Retrievals = 25% Extenuating circumstances = 10%	Clean pass = 76% Retrievals = 16% Extenuating circumstances = 7%
Year 3	Clean pass = 80% Retrievals = 13% Extenuating circumstances = 7%	Clean pass = 89% Retrievals = 11% Extenuating circumstances = 0%	Clean pass = 33% Retrievals = 0% Extenuating circumstances = 67%	Clean pass = 67% Retrievals = 8% Extenuating circumstances = 24%
Average	Clean pass = 85%	Clean pass = 77%	Clean pass = 58%	Clean pass = 73%

	Retrievals = 12% Extenuating circumstances = 2%	Retrievals = 17% Extenuating circumstances = 6%	Retrievals = 12% Extenuating circumstances = 28%	Retrievals = 13% Extenuating circumstances = 12%

The data above shows that each year, a proportion of students on the degree experience Extenuating Circumstances which impact their capacity to study to their full potential (average ECs over 3 years = 12%). Only Extenuating Circumstances affecting progression through the Assessment Board are encapsulated here; many, many more students engaged with the Extenuating Circumstances process during the course of the year but completed their workload in time to proceed through the Assessment Board.

In the three data sets above, only 1 student didn't pass his final retrieval attempt at the subsequent exam board and thus graduated with a BA without Honours. All other students have fully engaged with support from the Course Team and wider university provision to enable them to proceed to pass their assessments at the next Assessment Board.

There are some patterns that can be identified when looking more closely at the contributing data, such as the Dissertation task proving challenging to the 2016-17 cohort who were already engaged in Extenuating Circumstances processes and accessing wellbeing support across their 3 years of studies. As a result, a higher proportion than in previous years engaged in Extenuating Circumstances across the Assessment Board period due to not completing the dissertation and other assessment tasks (67%). This was reflected upon and the module developed through the minor modifications process, to more aptly reflect the professional requirements of graduates and the learning needs and styles of our students.

Each cohort's performance across the years of study included in the statistics is shown below; demonstrating this particular cohort's particularly high incidence of Extenuating Circumstances (2014-2017 cohort):

Cohort	2012-2015	2013-2016	2014-2017
Average Data from Summer Exam Board	Clean pass = 80% Retrievals = 13% Extenuating circumstances = 7% (based on 1 year of data)	Clean pass = 94% Retrieval = 5% Extenuating Circumstances = 0% (based on 2 years of data)	Clean pass = 57% Retrieval = 16% Extenuating Circumstances = 23% (based on 3 years of data)

When looking at the nature of retrievals across the past 3 years, there are some patterns to be seen. There were clusters of retrievals in some of the Therapeutic Principles modules in 2015-16 and 2016-2017. This brought further to the attention of the Course Team that some students were having difficulties integrating their understanding of this module and applying it across the rest of their experience on the course. This was a valuable indicator to the Course Team and the modules were revised in response to these patterns, as far as was possible within the minor modifications process. Further integrating the learning across modules will be a further focus of the revalidation activity, based on student performance on these modules in previous years.

The evidence base (Swindells *et al.*, 2016) and the External Examiner (External Examiner Report, 2015, 2016, 2017) discuss the challenge of carefully positioning the Therapeutic Principles modules and the course more broadly in a way that is relatable and accessible to undergraduate students; clarifying this position will be a key focus of the revalidation activity.

This position could also relate to recruitment and retention, whereby there is a recognition in the literature that students with life experience of therapy are often attracted to or more motivated to study therapeutic courses. Potentially refining the focus of the course as participatory arts, socially-engaged art and community art orientated with a dimension of

arts in health and arts for wellbeing, may ensure the course focus remains in a safe domain for applicants and students, not crossing the boundary into therapy work.

The increased levels of both retrievals and Extenuating Circumstances in recent years could either reflect increasingly diverse and challenged cohorts, or increased engagement with provision and processes (Extenuating Circumstances particularly).

3.3 Learning Resources

Please comment on:

• The collective expertise of the academic staff, their suitability and availability for effective delivery of the curricula

• The appropriateness of technical and administrative support

• How staff development supports course delivery

• The strategy for the employment of learning resources, the suitability of teaching and learning accommodation, the appropriateness of book and periodical stocks and the availability of suitable equipment and IT facilities

The staff team consist of 3.7 FTE professional team (full time course leader, one 0.5 FTE and one 0.6 FTE Senior Lecturers, two 0.6 FTE Lecturers and a 0.4 FTE Placement Officer) who are further supported by very occasional hourly paid lecturers and visiting specialists. As the course has grown from 50 combined Art and Music pathway students in 2012-2013 to 64 Art Pathway students in 2017-18 (21 in Year 1, 22 in Year 2, 21 in Year 3) the staff team has expanded and grown from an initial 3.0 FTE team.

All members of teaching staff are professional practitioners in their respective areas of specialism (Music Therapy, Person-Centred Counselling, Community Arts, Participatory Arts, Artist in Residence and Collaborative Practice). All staff continue their professional development as advocated by USW Policies (USW Academic Plan, 2014) and in areas of

their specialism/interest as well as in the areas of learning and teaching through USW PG Cert pathways or HEA accredited pathways; further information is available in curricula vitae attached to this document.

Staff bring relevant and specialist opportunities to the course through their professional networks which offer live examples and case studies for review during teaching as well as opportunities for students to engage in placement, volunteering and apprenticeship opportunities alongside teaching staff. This is a model we hope to develop and expand upon as the course continues to grow, and emphasises the commitment to practice based learning and embedding employability throughout the course.

While a primarily part time staff team could be seen as a challenge, the timetable and working patterns have been devised in such a way as to ensure provision for students and coverage of staff roles and responsibilities across the week. The Course Leader and one of the Senior Lecturer's engagement with programmes on other campuses adds some complications with regards to timetabling and cross-campus working. But roles are allocated with insight into these arrangements and the strong working relationship between the team allows some flexibility.

The dedicated Placement Officer is an invaluable resource to ensure the careful placement of students in relevant, appropriate and quality assured contexts in the community. As the course focus has developed and evolved, so too has the breadth of placement opportunities, and significant work has been invested to maintain a current and exciting database of placement opportunities for students.

Technical support for the course has been provided by a range of technicians allied to the department, depending on which campus the course has been based (with a move from USW Caerleon Campus to USW Treforest Campus in September 2016). This arrangement is still pending confirmation for this academic year. IT support is available mainly through USW Treforest Campus based IT support staff.

The course has been resourcefully utilising mainly recycled resources for specialist teaching (arts based), increasingly within a community arts model. Recent investment in hand-held tools has enabled the course to become far more self-sufficient and not to rely

on other departments or faculties for specialist resources. Students are highly encouraged to engage with resourcefully sourced and recycled materials, and we are eager to model this in the teaching practice. A collaboration we are currently exploring, to engage with a local recycling centre, will further enable the Course Team to embed this ethos, making the course increasingly cost effective to resource.

With the increasing numbers of students on the course (20+ Art students in each year group for the first time in 2017-2018) and the predicted increase in Year 2 and 3 as students progress through each study year with increased marketing and recruitment activities to reach and exceed target recruitment of 25 in coming years, maintenance of the specialist accommodation will be needed. The provision of studio spaces will be maintained to enable each student to access this provision, which is advertised as a unique selling point of the course, as well as suitable space for clean and messy making activities as part of the course teaching. This has been discussed with departmental and school level management through the necessary and appropriate channels and is reiterated in the Course Action Plan (2015, 2016, 2017).

The library services and resources have increased and improved through the last 6 years and students are very well supported by the staff team/library content. Increasingly, more resources are available online and through e-resources, which enables students to access course relevant material off campus. A discussion has been had with departmental librarian Gill Edwardes with regards to ensuring the continued stock of resources relevant to the course post-revalidation.

4. THE MAINTENANCE OF STANDARDS AND ENHANCEMENT OF QUALITY

Please comment on how the course review seeks to maintain standards, including:

• Reference to use made of External Examiner and annual monitoring reports.

• Issues identified and how they have been addressed

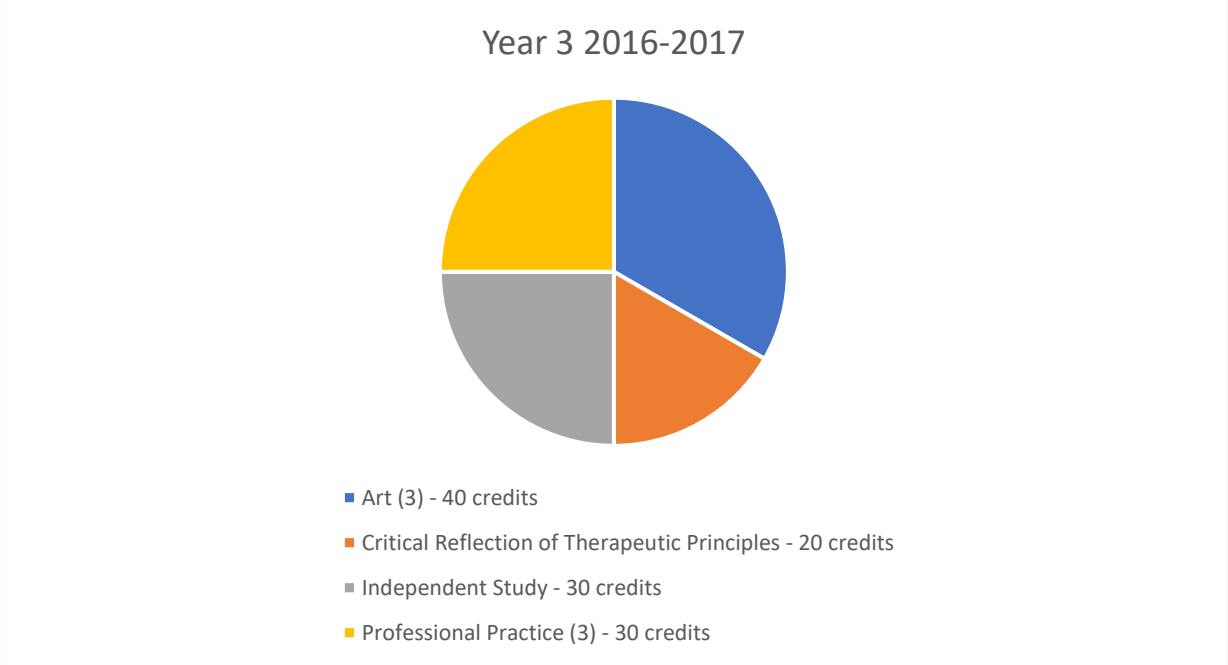
• Examples of good practice

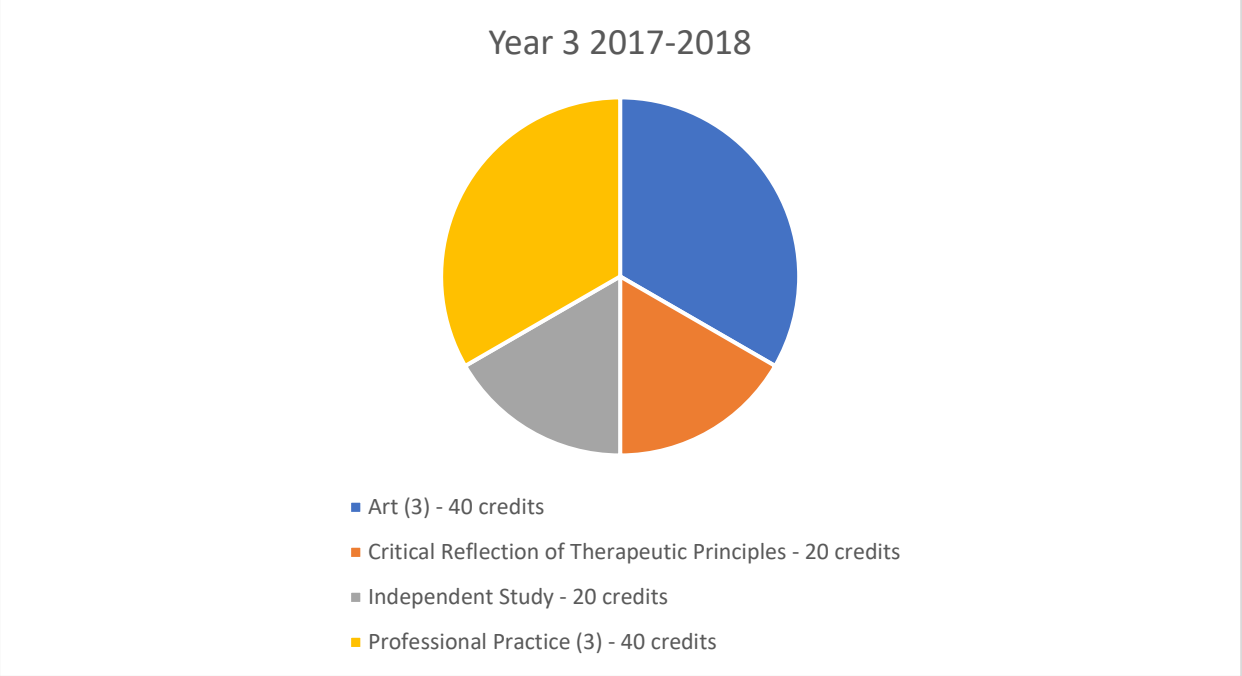
The Course Team has actively engaged with the modifications process each summer over the past three years, to develop and maintain the quality standards of the provision. This has built on External Examiner feedback from outgoing External Examiner, Martyn Parker Eames (University of Derby), and more recently Tony Gammidge (University of Brighton). Modifications have enabled the team to make the course compliant with the USW Academic Blueprint (2014) in advance of the institutional deadline (September 2017). All new projects and assessment points have been developed with an awareness of this policy.

One of the issues that the Assessment Dialogue and Academic Blueprint (2014) highlighted was significant over-assessment across the course. This was significantly reduced, in line with the USW Assessment Tariff and the USW Assessment for Learning Policy (2015), to respond to both External Examiner feedback and a strong student voice, shared through SSCLG forums and LOOP Module/Course Evaluations. Students commented consistently on the workload of some modules as well as a perceived discrepancy between workload for similar credit weighted modules. The table below shows how the number of assessment components has been streamlined in the past two years to respond to External Examiner guidance, USW policies and student voice:

Year	**2016-2017**	**2017-2018**
1	16 pieces of work	12 pieces of work (4 written, 3 presentation, 3 practical, 1 art workbook)
2	13 pieces of work	12 pieces of work (4 written, 3 presentation, 3 practical, 1 art workbook)
3	9 pieces of work	7 pieces of work (3 written, 2 presentation, 1 art workbook, 1 practical)

In addition, to further acknowledge and recognise the workload in some larger level 6 modules, the credit weightings of level 6 modules were amended last summer through the minor modifications process, in order to align with the Academic Blueprint (2014) guidance on module units being exclusively in multiples of 20 credits. This was a timely opportunity to respond directly to student feedback and to devise a more accessible, achievable Evidence Based Practice module (previously Independent Study/Dissertation) and a more significant Professional Practice (3) module, recognising the workload of an eighteen week, level 6 placement. This was a good example of student voice informing curriculum development (Healey, Flint and Harrington, 2014):





Examples of good practice include sustained engagement with professional partners in the field leading to innovative and meaningful assessments and employment focused experiences for students. Examples include Professional Practice (1) and Art (1) project funded by the Arts Council of Wales collaborating with local inclusive theatre company Hijinx Theatre, three local special schools and a local film maker. This project is to be written up as a Case Study for the Arts Council of Wales as well as ArtWorks Cymru and has been shared at local professional networks and learning groups. As part of Academic Skills for Inclusive Practice Module, students engage in an introductory visit to the Touch Trust and shadow professional practitioners using their unique facilitation techniques with people with Profound and Multiple Learning Disabilities (PMLD). This visit consistently has a profound impact on students and supports their understanding of best practice in the field.

A recent Art (2) project collaborated with local arts in health organisation Gwent Arts in Health (GARTH) and local nurses to develop a series of student art works to decorate the walls of St Woolos Hospital, celebrating International Nursing Day. This collaboration is being built upon and extended this academic year. A new project is enabling Creative and

Therapeutic Arts students to work along USW Dance students on a cross-modal collaboration, while the increasingly inclusive Graduate Exhibition has engaged with the National Museum of Wales, Cardiff Institute for the Blind and a range of the course's placement partners to ensure its accessibility and wider reach. The Graduate Exhibition is heavily student led, and develops innovative components each year (Healey, Flint and Harrington, 2014).

In addition, the annual Pembrokeshire Trip provides students with the opportunity to work alongside veterans with Post-Traumatic Stress Disorder (PTSD) and other local participant groups at the VC Gallery, a community arts charity and volunteer hub. This is in partnership with The Darwin Centre who support the students to comb beaches of plastic to use as art materials with their participants in both an economic and environmentally conscious manner. These are projects and approaches to practice upon which we will continue to build and develop.

A further example of good practice is the Course Team's engagement with the Personal Academic Coaching Pilot last academic year, as part of the Student Experience Plan (USW, 2015). As part of this engagement, a designated Year Tutor was allocated to every student on the course, and opportunities provided termly for individual meetings focusing on students' successes and learning needs. These meetings were well-received by students (LOOP Course Evaluation, SSCLG Minutes) and may have impacted student retention, looking at statistics for the past academic year in relation to previous years. This project also enabled the Course Team to develop a closer relationship with the students they teach and to develop a more holistic understanding of the students' experience on the course.

A recent development which could be further established as good practice is a link developed with the University of Nurtingen where students can enter the third year of the BA (Hons) Creative and Therapeutic Arts degree, having studied two years of the BA Art Therapy in Germany. This promotes the university's internationalisation agenda (USW Critical Performance Indicators 2014-2020) and has scope for significant growth now that the initial work has been done to quality assure the arrangement. The first student on this

scheme is thriving in the third year of study and we hope to build upon this partnership in the future.

The course fully supports developing and expanding students' aspirations, and is hoping to further build on partnerships with local Foundation Degrees this year, to enable more students to enter into the second and third years of the degree programme to access an honours degree in this specialised area. The course has already welcomed a student from a related Foundation Degree into the second year of the Creative and Therapeutic Arts programme, and completed the curriculum mapping exercises to determine the appropriateness of this transition. This particular student excelled and was recently awarded the prize for 'Outstanding Performance Across All Subject Areas' at graduation. She plans to progress onto the MA Art Psychotherapy at USW to further pursue her aspirations. There have been enquiries from other students on the same degree about transitioning either into the first or second year of our degree. We are in the process of engaging in a targeted recruitment drive to Foundation Degrees, Further Educational Contexts and Schools and Colleges to recruit suitable and skilled candidates. The course also engages in Schools Taster Days to provide a taster of the work we do to sixth form students, and is represented as USW-wide as well as cross-faculty recruitment events. This is an area of significant investment of time this year in order to maximise our recruitment now that we have established ourselves in our USW Treforest context.

A Summer School programme and potential for stand alone modules for CPD are also being explored, building on staff specialism and supporting integration of professional skills into the course's provision (Academic Plan, USW 2014).

While the Course Team have worked hard to develop the standards and quality of provision discussed above, the course sits at a potentially challenging juncture between multiple subject areas, and isn't presently subject to any specific professional standards or subject benchmarks. As the External Examiner describes: "The course places itself between the arts and social and healthcare which is a potentially complex area of study. It is not purely fine art or the arts therapy, so it inhabits a liminal and so difficult space" (External Examiner Report, 2017).

While the outgoing External Examiner, Martyn Parker-Eames was himself an arts therapist and came from a related course with a heavier focus on therapeutic practice, the current External Examiner, Tony Gammidge appears to really explore the positioning of the course and recognises the challenge of nurturing and assuring the integrity of students' practice when working with vulnerable participants.

The notion of quality is widely discussed in relation to participatory and inclusive arts practice (Matarasso, 2013; Hutchings, 2014; Schwarz, 2014; ArtWorks Cymru, 2015; Fox and Macpherson, 2016). Different authors prioritise different dimensions of the practice, with implications for curriculum and assessment. Insight comes from within (Buttrick, 2012; Burns, 2014) and beyond (Lords *et al.*, 2012) participatory arts practice to develop a shared understanding of what quality practice looks like and includes. Emphasis upon the participants' voice is prevalent in all of these perspectives, and this is equally true of Socially Engaged Art Practice which is artist or organisation led, but with participants working in partnership with lead creatives (Helguera, 2011, Thompson, 2012). While rooted in the Happenings movement of the 1960s, Socially Engaged Art is a contemporary response to the Socio-Political climate, a call for creative action in supporting and enabling our communities. This approach is central to several of the Course Team's own philosophies and informs the curriculum design and teaching. This is also particularly pertinent in light of ongoing political changes and relevant legislation in Wales and the UK (Well-being of Future Generations (Wales) Act, 2015; All-Parliamentary Group on Arts, Health and Wellbeing Inquiry Report, 2017).

ArtWorks Cymru (2015), building on the work of Hutchings (2014), Schwarz (2014) and Blanche (2014), have developed a framework of Quality Principles for the discipline in relation to our specific Welsh context (Arts Council of Wales, 2009; ArtWorks Cymru, 2015;). These principles were developed collaboratively with contemporary artists from multiple modalities over a period of research and development, involving some members of the Course Team. They incorporate a translation of the principles of Lord *et al.* (2012) in relation to practice in the field of participatory arts. These Quality Principles are evidence based and locally relevant, and underpin the development and delivery of the curriculum on the course.

The evolution of this evidence-based resource is an exciting development in the field of participatory arts practice, building on national practice-based evidence and evidence-based practice (Buttrick, 2012; Blanche, 2014; Burns, 2014) to raise the profile and quality of participatory arts practice. While the course doesn't have a professional body with which to accredit or quality assure the course (although membership of an "appropriate membership organisation" is indeed a recommendation of the Quality Principles-ArtWorks Cymru, 2015), these Quality Principles provide a rigorous framework for supporting students to develop appropriate and enriching provision for their, often vulnerable, participants.

The challenge for the course will be maintaining the integrity of the Quality Principles (ArtWorks Cymru, 2015) alongside the implementation of the Academic Blueprint (USW, 2014) which, for example, suggests that the average marks of a module should dictate a pass/fail.

This enables students who have not met the recognised standard of quality in working with vulnerable participants (ArtWorks Cymru, 2015) in one dimension of their practice, to proceed and progress with their studies; posing some ethical challenges to the Course Team. This is of concern to the Course Team who are eager to quality assure the provision for the placement providers and participants, as well as for the students. The quality of provision for participants directly reflects the quality of the artist/facilitator and therefore, development of students' own art practice is essential. Quality demonstrates how the artist/facilitator values participants' attendance, engagement and contributions.

There are implications here for recruitment in relation to ensuring standards are upheld and maintained through the interview process, however it will be vital that assessments are developed in a way which recognises the centrality of quality provision for workshop participants and placement providers, as well as quality learning opportunities for students.

While there aren't Standards of Proficiency or a Code of Practice in the field of participatory arts specifically, Hutchings (2014) and other colleagues in the field (Hughes, Clements and Stiller, 2015) reference the Social Work Code of Practice (Care Council of

Wales, 2015) and Social Services and Wellbeing (Wales) Act (Welsh Government, 2014), as valuable related resources, covering many principles of responsible and ethical practice.

The foundations of these documents are discussed and applied through the modules relating to therapeutic principles and professional practice on the course, and this is an area we hope to further inform in the newly developed course structure. In many ways, these policies feel more relevant than the HCPC Standards of Proficiency for Arts Therapists (HCPC, 2013), which, while detailed and exhaustive, can confuse the role and boundaries of the creative arts practitioner. This is a shift in thinking and evidence base we hope to further embed at revalidation.

Please comment on how the course area and the Faculty/College review seeks to enhance quality.

Within the context of the department and faculty, the Course Leader fully engages with the Annual Monitoring process, to ensure that the course is well managed, its requirements are fulfilled and that the students are given appropriate advice and guidance. The presentation at Course Board is informed by regular team meetings with the wider Course Team, and termly Staff Student Liaison Group Meetings (SSCLG), incorporating student voice and perspectives.

The function of the Course Board is to:

- Monitor the operation of courses;
- Consider external examiners' reports and agree responses thereto, noting causes for concern; features of good practice; and emerging trends;
- Consider feedback from students and agree responses thereto, noting causes for concern; features of good practice; and emerging trends;
- Consider feedback from employers and agree responses thereto, noting causes for concern; features of good practice; and emerging trends;

- Agree and monitor the implementation of Course Action Plans;

The progression and completion of students enrolled on the courses are the responsibility of the appropriate award and progression assessment board.

Each Module Leader oversees academic standards, quality assurance and enhancement of modules within their Module Leader responsibility, in close discussion with the wider Course Team. Each Module Leader has a critical role in ensuring the quality of the students' learning experience and liaises with the Course Leader to highlight module related issues. Each Module Leader uses module evaluation feedback (LOOP Module Evaluation) and student performance statistics to complete a module review in line with USW Academic Regulations. They act on feedback provided by the External Examiner in consultation with the Course Leader and Academic Manager.

It is proposed that continuation of the Professional Partners and Placement Mentor Event will enable discussions to continue with stakeholders and professional partners in the field on how the course maintains its quality and relevance of provision in relation to practice in the discipline.

5.2 Employer engagement and work-based learning

Please comment on:

• Employer engagement in the development of the course

• Communication between the University and the employer

• The support provided by the University, including staff development

• Awareness of the University's policies, procedures and regulations and the extent to which the course is delivered in accordance with these requirements

• The handling of, and follow-up to, any complaints or difficulties encountered during the delivery of the work-based learning element of the course
As discussed, the course has evolved significantly over recent years and has engaged with many more placement providers and professional partners. This has been further informed by the move from USW Caerleon Campus to USW Treforest Campus in 2016, where the dedicated Placement Officer and Course Team have diligently established a wealth of new, local professional networks for the course. The developments in Social Prescribing (NHS, 2017) and Arts in Education roles (Arts Council of Wales, 2016), coupled with recommendations for increased investment and research in these fields in the future (Donaldson Report, 2015; All-Party Parliamentary Group on Arts, Health and Wellbeing, 2017) mean there is increased awareness among placement providers and the wider community of the potential relevance and impact of the roles the students provide. A Professional Partner and Placement Mentor Event was held in September 2017, with the first uptake sufficient to proceed with the event. The event was attended by 19% of the Placement Mentors on our database (n=12) and digital content was posted to a secure YouTube channel for the other mentors who were unable to attend. While a scoping exercise was undertaken to glean the most accessible time and date for the event, the diversity of placement settings meant that it was difficult to accommodate all placement providers and that a digital platform was more accessible to many. We could explore running repeat or multiple sessions to improve attendance, however the only replies regarding optimum time and day were for the days and times we completed the sessions. The digital platform has been useful to signpost Placement Mentors to in relation to specific queries or questions, and to provide examples in practice at relevant points in relation to the mentor's support of the student. CPD opportunities of relevance to the course teaching and practice were provided to colleagues as an expression of thanks for their time and participation, as well as further embedding some of the ethos and practices of the degree. Feedback from this event was

resoundingly positive, with 100% of participants finding the event useful, and in relation to the revalidation activity and currency of the course, interesting commentary was provided:

“It sounds like an incredibly thorough and thoughtful course – amazing amount of work”

“Difficult to imagine any [areas for improvement], it’s a comprehensive course”

“I like the structure and format for the course; looking forward to welcoming a student on placement”

“Very well put together, very valuable”

(Participant Evaluations, Placement Mentor Event 2017)

All placement settings have direct contact with the Placement Mentor and are in regular contact when placements are being arranged over the summer and at the start of an academic year. Furthermore, informal discussions regarding student progress happen as and when the need arises: with the Placement Mentor, Year Tutor and/or Course Leader, dependent upon the situation. Concerns can be formally raised and escalated through the Cause for Concern process, which in practice typically involves the Progression Team as well as Course Team. Formal, formative reports of students’ performance at the placement are provided at the mid point of the placement, to ensure any further support or guidance can be provided to maximise the learning and constructiveness of the placement experience. The Placement Officer provides training to every mentor individually on mentoring a Creative and Therapeutic Arts student: their role and responsibilities and what they should expect from our students. The Placement Mentor Handbook and digital platform provides continued points of reference during the placement.

The Course Team works hard to support students and their experiences on placement, and a range of USW services and procedures are incorporated to nurture students’ development and successful completion of the placement work. Engagement with the Personal Academic Coaching pilot (Student Experience Plan, USW 2015) has embedded the culture of proactively discussing learning experiences and learning from successes to

inform areas of challenge. This has also supported students in understanding and taking responsibility for their own progression and related issues.

While students complete placements in all three years of study, and in an individual capacity in their second and third years, the course has significantly developed its database of placement settings and diversity of contexts over recent years which has further developed the employability and employment opportunities for graduates. The increasing diversity of placement opportunities is reflected in the teaching and relates to several current policies and legislations around the broader potential of the arts in Wales (Welsh Government, 2014, 2015; Donaldson Report, 2015; All-Party Parliamentary Group Report, 2017).

Engagement with the USW Careers/Employability *GradEdge* scheme further embeds the USW Graduate Attributes encapsulated in the USW Student Experience Plan (2016), and aspires to motivate learners and raise their aspirations through developing confidence and both recognising and celebrating successes achieved during the three years of placement experiences.

Several recent graduates have created paid employment at their third year placement settings, while some students continue in an employed capacity at their second year placement during their third year of study. The DLHE survey demonstrates that the course' graduate employment statistics have been consistently high with the most recent figure at 100% (DLHE Survey, 2016). Anecdotal evidence suggests a similar figure at present for 2017 graduates. Further to employment gained from placement contexts, several students have volunteered for organisations who have visited the course as professional partners or guest lecturers, and gone on to gain employment through this engagement. Other students have developed employment opportunities at venues, organisations or professional networks where work based learning opportunities have been provided through modules of study. The volume of employment opportunities generated by the course demonstrates both the potential of the discipline but also the rigour of the students in what they can offer professional contexts. Several employers approach the course directly to share job opportunities, artist calls or volunteer

opportunities with students, demonstrating a recognition of the value of our students to the profession in the local area.

The Placement Officer and Course Team are aware of USW regulations surrounding work-based learning and inform the development and trajectory of any placement opportunities with this insight. We work closely with other USW departments such as USW Careers, Advice Zone, Progression Team and the Disability and Dyslexia Service (DDS) to ensure the smooth running of all placement experiences. In the unfortunate event where a complaint was lodged by a student in relation to an experience on a work based placement, the Course Team were able to provide rigorous and meticulous record keeping to address the issue at hand swiftly.

Any issues which are raised by students or Placement Mentors are addressed immediately and dealt with in a prompt and professional manner, in accordance with USW policies on Placements and Work Based Learning, as well as the USW Academic Blueprint detail on professional engagement (USW Academic Blueprint, 2014).

Each student receives the Professional Practice Module Handbook at the outset of their placement to inform their engagement with the activity, as does the Placement Mentor. A Placement Agreement, Code of Conduct and Cause for Concern Process is agreed at the outset and maintained throughout the placement experience.

While student numbers have steadily increased, the dedicated Placement Officer role has been vital in continually innovating and expanding the database of quality assured placement providers. This will be valuable work to continue as we aim to grow the course and the diversity of options available to students, further. Engaging with local and even in-house opportunities is also valuable, and we are pleased to have established a link with the on-site USW crèche this year, which offers accessible early-years experience to students interested in this context.

The focus on maintaining professional links with contemporaries and local employers remains a vital and central area of focus for the Course Team, and work in this area was recognised for the second time this year in the faculty Individual Learning and Teaching

Award for Excellence in Student Aspiration and Employability. The team contribution was also ‘highly commended’ in the Team Excellence in Learning and Teaching category.

Students’ aspiration and employability was further recognised through the USW Freelancers Academy and USW GradEdge initiative. This relates to the recommendations in the participatory arts (pedagogical) literature that students have ample opportunity to apply their theoretical knowledge in practice-based opportunities (Burns, 2012; Buttrick, 2012; Blanche, 2014).

A discussion has been had with Lloyd Williams from USW Careers and Employability to ensure that the employability and learning for employment agenda (USW Curriculum Design Guide, 2013) is embedded into the newly validated course and that the relationship between the Course Team and Careers and Employability Service is fully explored. Currently USW Careers deliver bespoke sessions to students and the course has benefited greatly from engaging with the Welsh Assembly Government ‘Role Models’ scheme, where industry experts have provided feedback to students on their professional pitches of creative arts projects. This has been an important stepping stone into the professional world and enables students to get a feel of professional rigour as they design and embark upon graduate work.

6. CURRENT AND FUTURE CHALLENGES AND DEVELOPMENTS

Please summarise the key strengths of the current course(s) and the action taken to address current weaknesses and comment on future challenges and opportunities for development.

If not already covered please explain the strategy to address current enhancement themes such as widening participation and inclusivity, employability and internationalisation.

The current strengths of the course have been recognised as:

1. Detailed and insightful exploration of the students' own development as artists (External Examiner Report, 2016, 2017); meaningful assessment points for these modules embedding links with professional partners (LOOP Module and Course Evaluation; SSCLG Minutes; Module Reviews; Course Report; USW THEA Nomination)
2. Employable graduates with a wealth of diverse placement experience and transferable graduate skills (GradEdge Award, USW Careers; personal communication from Placement Mentors and local employers; LOOP Module and Course Evaluation; Faculty IELTA; DHLE 2016-2017).
3. Engagement with holistic provision to nurture students' broader engagement with the university to ensure wellbeing and retention (Personal Academic Coaching Pilot, Student Experience Plan 2015; Course Report; Faculty TELTA)

The areas for development have been found as follows:

1. Further integration of the therapeutic principles content into the course content and ethos more globally (Module Review; LOOP Course Evaluation); enhanced understanding within Course Team to inform student experience and application of relevant, accessible theories across modules and student experience (Team Meeting Minutes).
2. Need for continued development of placement provider database and effective management of this to meet the needs of growing student numbers. Similar maintenance of technical support for the course to support students' technical needs around development and exhibition of work.
3. Continued and further engagement with other USW departments to ensure students' learning needs are met and their voices heard when concerns are raised; relating to the university's widening access and inclusivity agenda. Increasingly inclusive assessment design will support this at a course level so that there is less demand for differentiation and enhanced provision (Grace and Gravestock, 2009; HEA, 2011; UDLL, 2016).
4. Develop clear identity and professional values for the course, informed by relevant literature (Welsh Government, 2014; Care Council for Wales, 2015; Donaldson Report, 2015; ArtWorks Cymru, 2015; Clements, Hughes and Stiller, 2015; Fox and Macpherson, 2015; Swindells *et al.*, 2016; QAA; 2017)

Significant work has been undertaken in the past three years to innovate and reinvigorate the course provision through the modifications process and through welcoming exciting,

experienced members of staff to the team. While it is understood that minor changes are necessary to maintain the currency of the provision (and will continue to be necessary through modifications through the years to come), the changes proposed are not major, but rather build on the innovations of recent years and the ongoing commitment to responding to student feedback regularly and consistently, and engaging students ‘as partners’ at the point of curriculum design (Healey, Flint and Harrington, 2014).

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Reflection on Appendix 10, Critical Review of the USW Creative and Therapeutic Arts Degree, September 2020

These extracts of the official Critical Review document are included to evidence the development of my approach and thinking since authoring this document in September-December 2017. Upon revisiting this document in Summer 2020, having completed the entirety of this portfolio and thesis in the interim, there are several aspects of this document which I feel I would write differently at this stage.

Firstly, I would like to highlight that the commitment to positioning disabled participants as central to students' knowledge construction process was as pivotal in these early stages as it has been in the articulation of this thesis. The project referenced in working with Hijinx inclusive theatre company was established when I joined the course team, as was the collaboration with the Touch Trust who work with participants with PMLD. Both of these experiences in the first term of study accompany my teaching in the Professional Practice and Academic Skills for Inclusive Practice modules on aspects of DS/CDS including privilege, ableism, disablement and disability paradigms. I am aware that I have developed confidence to advocate for the importance of these ideas increasingly over my career, since I didn't recognise how sorely needed or how unknown these ideas were at the time of writing this document. If I remain in my current position for the next revalidation of the programme, I would endeavour to embed learning about these important areas into the learning outcomes of the modules and the course, and to highlight this more explicitly in the documentation.

Secondly, in analysing the statistical data that was made available to review the course (some more detailed statistics beyond the summary included in this appendix), I was struck by the focus on certain demographics e.g. gender binaries (male/female) and home/international students, but the lack of consideration of other identities and experiences, as well as the intersectionality of multiple identities. Statistics discussing percentages of male and female students feel outdated as we welcome trans and non-binary students to the course. The overwhelming majority of female students on the course does provide relevance for looking more deeply at gender in recruitment strategies and in the wider profession, but at this stage I would

take a much more holistic and intersectional position. There were also not statistics provided about the proportion of students who are registered as disabled. In order to fully explore and critically review the accessibility and effectiveness of the programme to educate those who wish to train as Creative Arts Practitioners I would be eager to more fully audit and understand barriers faced by applicants and students with an interest in the course. I don't feel this was fully reflected in this review, and wanted to highlight my increased awareness of these ideas at the point of submission.

Finally, I would like to reflect on the positioning of my writing. I vividly remember finding the task of writing this document extremely daunting, and despite attending a workshop explaining the revalidation process, felt quite ill-equipped to complete the task at hand. This was partially due to my understanding of the requirements of the task and the format it should take, but mostly due to the enormity of the task of writing these documents in addition to my usual teaching and research responsibilities, which I found extremely challenging. On reflection, I have written this document in a very academic fashion, with an emphasis on pedagogical rationale and celebrating the course, advocating for its continuation and advancement. If I were to complete this task again, I would much more centrally focus on the students' voices and experiences. While focus groups were held and students consulted routinely throughout all stages of curriculum development, I feel student voices are not centrally positioned in this document. This seems inauthentic when students are one of the key stakeholders and most expert voices in critically reviewing the curriculum to date. In a similar vein, participants of the students' workshops would be more thoroughly engaged with and consulted in future to understand their experiences of the provision and their recommendations for development of the programme. In reading back through these documents, there feels to be an imbalance of academic and theoretical literature over the critical voices of those engaging in the practice. This is something I have come to realise in the work I have been engaging in since writing this initial Critical Review.

Appendix 11 - Revalidation Document for the USW Creative and Therapeutic Arts Degree Programme.

- Full reference: Pickard, B. (2018), ‘Revalidation Document for the BA(Hons) Creative and Therapeutic Arts’, Unpublished document.
- For brevity, in this Appendix is a summary of key aspects of this document, which is intended to be most relevant and applicable to this thesis.
- A copy of the full, official document is available upon request.
- See Reflection at the end of this document which summarises key points and reflects on the relevance of this extensive document to the portfolio and thesis.

Introduction to the Validation Document

Dear Panel Members

This introduction provides an overview of the documentation that you will receive for the revalidation event of the BA (Hons) Creative and Therapeutic Arts degree. This 3-year full time undergraduate programme is validated by the University of South Wales (USW) and delivered at USW Treforest Campus. The course attracts visual artists with a range of specialism and experience levels, all of whom wish to use their practice in a participatory context to engage others. A range of theoretical contexts and practice-based frameworks have informed the development of this revised, contemporary curriculum design (ArtWorks Cymru, 2015; Swindells et al., 2016; All-Party Parliamentary Group on Arts, Health and Wellbeing, 2017; QAA, 2017) as well as USW policies and procedures. The main validation document has been compiled using the suggested USW template, and contains the proposed new course structure as well as supporting documentation including details of the staff team, module specifications, letters of support from employers and staff CVs.

The 3-year full time BA (Hons) Creative and Therapeutic Arts degree consists of core modules in all three years, focusing on Art; Creativity and Wellbeing; and Professional Practice. A dedicated module to Academic Skills in Year 1 prepares students for engaging with the increasingly evidence-based profession and academic discipline, as well as their undergraduate level studies. Each year offers both theoretical and practice-based learning with an overarching development from level 4 to 6 to ensure that once the course is completed, students are equipped with the USW Graduate Attributes (USW Student Experience Plan, 2016) and are autonomous, creative, responsible practitioners. This will enable them to thrive as informed, employed or self-employed Creative Arts Practitioners, as well as meeting USW requirements for the achievement of the BA (Hons) Creative and Therapeutic Arts degree.

Yours faithfully,

Beth Pickard, Course Leader and the
BA(Hons) Creative and Therapeutic Arts Course Team: Becky Davies, Mike Kay, Heloise Godfrey-Talbot, Charlotte Chapman, Rhiannon Kemp.

A. Course Introduction and Summary

The philosophy behind the course

The BA (Hons) Creative and Therapeutic Arts has evolved and refined its focus in response to contemporary opportunities and agendas in inclusive arts, participatory arts, arts in health and wellbeing and arts in education, both locally and nationally.

The course draws on the diverse specialism of the Course Team within the parameters of Creative and Therapeutic Arts practice to develop well-rounded, resilient and autonomous practitioners who are equipped and excited to contribute meaningfully to their local communities. The course incorporates effectively USW's core mission to provide applied educational opportunities closely linked to professional contexts, and to contribute value to local and national communities.

While there are a number of Access Courses and Foundation Diplomas which broadly introduce students to the subject of creative and therapeutic arts practice, there is currently only one direct competitor course (located in the East Midlands) which bridges the gap between Level 5 and Postgraduate study through a full undergraduate programme in the UK. The BA (Hons) Creative and Therapeutic Arts course attracts students with Level 3 qualifications (such as A Level, BTEC and Art and Design Foundation) in subjects such as Art, Psychology and the Care Sciences. Equally, the course is suitable for mature and international students who have gained relevant experience through employment, personal experience, volunteer work and who continue to pursue their art practice independently to a standard that is equivalent to a Level 3 qualification.

The BA (Hons) Creative and Therapeutic Arts course at USW benefits from a number of unique selling points and attributes which set it apart from the competitor, with a clear distinction in the approach and ethos of this degree provision. An informed focus on inclusive practice and employability is at the heart of the BA (Hons) Creative and Therapeutic Arts at the University of South Wales. It enables a well-positioned, accessible theoretical context, nurturing responsible practitioners who may apply their skills in a wide range of employment or further study opportunities in the future.

A brief description of activities at each level of the course
The BA (Hons) Creative and Therapeutic Arts degree provides students with the opportunity to learn about, understand and integrate into their practice a number of theoretical perspectives on participatory and wellbeing focused art practice; through engagement in practice-based learning in a work-based placement, supported by three core modules in each year of study. The core modules in each year of study will be Art, Professional Practice and Creativity and Wellbeing. The content in each year of study will support the students' engagement in a work-based placement, relevant to their experience at that level of study. Year 1 – Students begin the course with a period of immersive learning where the three core modules, Art (1), Professional Practice (1) and Creativity and Wellbeing: Theoretical Underpinnings come together to develop an informed engagement with a nurturing yet challenging group project. Students will be supported to develop their art ideas in increasingly participatory trajectories, to support the health and wellbeing of participants on placement. Meaningful engagement with professional partners will give students an early experience of what it is to collaborate and facilitate inclusive, participatory workshops. The Academic Skills for Inclusive Practice module is an essential addition to support the students' explicit development of the essential undergraduate level skills which will underpin their studies on the course. Through subject specific literature and examples, students will be enabled to develop an understanding of the centrality of evidence-based practice from the outset of their studies. Following this exciting period of immersive learning, students will reflect upon their learning and deepen their engagement with the seminal theories which underpin their practice. The second Art (1) project is an opportunity to explore a second, equally important model of collaborative, participatory and responsible art practice. Year 2 – As students progress to year 2 of their studies, the core modules will continue to nurture and challenge them through a spiral curriculum. The focus of the Professional Practice (2) module will broaden to encompass a wider range of potential

placement settings, and thus the increasingly diverse and challenging needs of participants. Students will be enabled to think more broadly about their role as facilitators, incorporating the financial planning and parameters of their projects as well as their potential for impacting wellbeing, through engaging with an Arts Council of Wales funding application. This will be coupled with a complementary perspective in the Working Creatively to Facilitate Wellbeing module to consider the contribution of psychological theories to this artistic experience of and engagement with participants. Through the Art (2) module, students will be challenged to develop their artistic identity through participation in exciting, collaborative projects and critical engagement with the evidence base and with other artists' work. This artistic development will be paramount to optimum engagement with the Professional Practice and Working Creatively to Facilitate Wellbeing modules, enabling students to explore a holistic, joined-up curriculum.

Year 3 – In the final year of study, the students' placement will increase in depth and length, enabling an experience of a graduate level engagement with a professional partner. This will be coupled with exploration of the USW Employability scheme *GradEdge* to consider the legacy and sustainability of such a project. The Creativity and Wellbeing: Evidence Based Practice module will support students to consider critically and in depth the evidence which informs their professional engagement and the research to which they could contribute. While facilitating workshops on placement to a professional standard, students will be refining their artistic identity in the Art (3) module by presenting an inclusive and accessible Graduate Exhibition. Employability is embedded throughout the module, with critical engagement with the necessary skills, attributes and resources to enable students to practice as autonomous, responsible and ethical arts practitioners upon graduation.

Proposed Module Titles and Credit Weightings

Year of Study	**Module Title**	**Credit Weighting**
Year 1	Art (1) Professional Practice (1)	40 credits 40 credits

	Creativity and Wellbeing: Theoretical Underpinnings Academic Skills for Inclusive Practice	20 credits 20 credits
Year 2	Art (2) Professional Practice (2) Working Creatively to Facilitate Wellbeing	40 credits 40 credits 40 credits
Year 3	Art (3) Professional Practice (3) Creativity and Wellbeing: Evidence Based Practice	40 credits 40 credits 40 credits

The content of the curriculum is based on current practice in the field across a range of potential areas of practice, as well as the most up to date practice-based research and innovation in participatory arts practice (Fox and Macpherson, 2015; Clements, Hughes and Stiller, 2015; ArtWorks Cymru, 2015). Over the last 6 years, the course content and structure has responded to the changing demographics of local populations, diversification of participants' needs, development of innovation in technology and digital technology used in participatory arts practice. Equally, in response to the socio-political climate, the Socially Engaged Art Practice, Community Arts and Creative Arts in Education scenes have exploded and, therefore, there are plentiful examples of current professional practice for students to engage with as part of their studies. There are core modules in each year of study (Art; Professional Practice; Creativity and Wellbeing) forming part of a spiral curriculum (Bruner, 1960; Fry, Ketteridge and Marshall, 2015) which enables students to be gradually introduced to the seminal theories of the discipline and engage with them in depth appropriate to their level of study (QCF, 2013; QAA, 2014). The culmination and consolidation of learning across levels 4 to 6 equips students with the USW Graduate Attributes discussed in the USW

Student Experience Plan (USW, 2016), including innovation and enterprise; project management; digital literacy; leadership; commercial awareness; and communication.

Furthermore, up to date research and practice-based evidence have been applied in developing students' skillsets across a wide range of relevant areas. Students' professional skills are developed through planning projects and interventions, developing contracting skills to enable collaborative working with participants and establishment of good therapeutic boundaries; practical skills in how to end therapeutic relationships well; signposting; and working with others in multidisciplinary settings and exploring funding applications and budgeting skills. Specialist skills are developed by working with students' art skills to enable expression and growth and supporting participants' preferred method of expression, communication and exploration of their experiences.

Transferable research skills are developed through critical exploration of existing knowledge; using appropriate research and evaluation methodology to critically examine their own and other practitioners' practice; innovation in and development of practice; and meaningful integration of participants' voice in project planning and delivery.

What is distinctive about this course, (including links to professional or industrial awards)?

Firstly, we are ideally situated in a geographical area which is rich in educational, health and community-based placement settings where our students can facilitate their art-based workshops. Utilising our ever-growing database of over sixty placement settings, students embark on placement opportunities in all three years of study to apply their theoretical learning and develop their inclusive, workshop practice. This supports students to become professional, responsive, inspiring and creative facilitators (USW Student Experience Plan, 2015). Students often gain employment from their placement settings during their studies and upon graduation, which is reflected in our consistently high graduate employment rates (DLHE, 2016). These in

turn generate increased creative opportunities in the local and broader community and for future generations of students.

Secondly, our course is responsive to the current socio-political climate where art decreasingly exists purely for art's sake (Arts Council of Wales, 2017). As a consequence, work in Socially Engaged Art Practice (Helguera, 2011; Thompson, 2012), Community and Participatory Arts (Artworks Cymru, 2015) and Social Prescribing (NHS, 2017) are on the rise, and our students engage in this much needed, meaningful provision in our often disadvantaged communities. Therefore, our students can apply for roles such as Arts Activity Coordinators, Art and Wellbeing Specialists, Project Officers and many more titles in charity and community organisations, in addition to engaging in freelance facilitation practice or postgraduate study: such as MA Art Psychotherapy, MSc Play Therapy, MA Art Practice (Art, Health and Wellbeing) as well as PGCE or QTS qualifications.

Thirdly, while our main competitor course adopts a multi-disciplinary model (art, music, drama, dance), taught predominantly by therapists, our course concentrates solely on visual art as its specialism. This choice is directly in response to an overwhelming majority of applicants wishing to specialise through visual art practice. In addition, to specialise in a specific creative discipline allows students to explore their practice in greater depth and to provide activities of a high standard and quality for their placement participants, as advocated in the Artworks Cymru Quality Principles (Art Works Cymru, 2015): the quality of intervention demonstrates the value the facilitator places upon the participants' contributions, engagement and experience. The breadth of perspectives the highly skilled Course Team bring to the teaching, enables students to explore their own orientation as practitioners and consider multiple positions, including that of therapeutic practitioner, artist in residence, fine artist, participatory artist, community artist, amongst others.

Finally, through the course team's on-going professional networks, a number of the course's projects and other assessments are linked to partnership organisations through the creation of live briefs. Our regular partnership organisations include the Touch Trust, Hijinx Inclusive Theatre, Gwent Arts in Health, Taking Flight Inclusive Theatre, The Darwin Centre and The VC Gallery. This means that students are, true to the role of a Creative and Therapeutic Arts Practitioner, balancing the demands of the

stakeholder organisation, their art practice, USW requirements and their project participants. Upon graduation, students are equipped to see their creative project through from writing a funding application to informed project delivery and evaluation.

The course benefits from dedicated studio space and art-specific teaching spaces for delivery. Due to this specialist environment, the on-campus gallery and the unique nature of the course, the students become a close-knit, creative learning community. This community is made up of recent school leavers, mature students, and in recent years, increasing numbers of international students as the UK is increasingly recognised as one of the leaders in this evolving subject area. The studio spaces become a home where individual art practice, group work and placement activity preparation can flourish in a supportive environment alongside the practice-based and multi-modal teaching.

Contribution to the development of the course made by staff, students and employers

The course has been developed and refined over several years by a range of professionals in educational, therapeutic and practitioner roles. The current Course Team possess a range of highly relevant and focused experiences to equip the curriculum and thus the students with the experiences relevant to a diverse workforce in creative arts practice. The Course Team's areas of specialism are suitably diverse to ensure students are well rounded and prepared to become autonomous, resilient practitioners.

Consultation with a range of placement providers and professional networks has enabled the Course Team to develop learning opportunities closely aligned with employer expectations and this input has been a driving force in innovating the curriculum.

The Course Team are also at the forefront of this forward thinking and ever evolving profession, as active members in local participatory arts; arts in health; and arts in education professional networks. This ensures the course delivery and focus keeps abreast of contemporary practice and local developments. The increased cohort numbers demonstrated in the Critical Review demonstrate that there is a demand for

this specialist training, and 100% employment rates on the DLHE survey demonstrate that there is a demand from employers for graduates with these skillsets.

Student voice has been central to any proposed innovations, and through focus groups, consultation and evaluation, current students and recent graduates' perspectives have been highly valued. Specific focus groups were held with current students to gain their perspectives and insights on proposed revalidation activity and to ensure any changes incorporated their aspirations and experiences.

LOOP (the university's module and course evaluation tool) is a useful source of evaluation data, which enables the Course Team to develop provision that is continually responding to student feedback. SSCLG groups are held with each year group once per term to ensure student voice is heard and that feedback can inform ongoing development as well as significant changes, such as revalidation activity. While the course didn't report on the National Student Survey (NSS) last year due to low student numbers, we are eager to participate this year and to hear and respond to students' views on their experience of the whole course.

B. Educational Aims Of The Course

The main aims of the course are:

- To provide a stimulating and supportive environment for the personal, artistic and practitioner development of students;
- To provide an integrated, balanced experience that will develop artistic skills, interpersonal skills, knowledge and understanding of participants' needs, work settings and contexts;
- To develop knowledge, skills and confidence in academic, work-based and applied learning;
- To equip students to succeed in developing meaningful artistic careers, within or beyond the sector, or to progress onto further study

C. Intended Learning Outcomes for the Final Award	
A. Knowledge and Understanding	A1: Select, experiment with and make appropriate use of materials, processes, technologies and environments showing understanding of quality standards and attention to detail for both facilitation practice and art studio practice.
	A2: Manage and make appropriate use of the interaction between intention, process, outcome, context, and the methods of dissemination in creative and therapeutic arts practice for wellbeing.
	A3: Refine individual artistic identity for both facilitation practice and art studio practice supported by advanced examples of research and experimentation.
	A4: Critically examine the underpinnings, principles and application of the theoretical context informing creative art practice for wellbeing; including arts in health, participatory arts and socially engaged arts.
B. Intellectual Skills	B1: Articulate, synthesise and generate knowledge and understanding, attributes and skills in effective ways in the contexts of creative practice, employability and enterprise, preparation for further study, research and personal development
	B2: Apply interpersonal, social and negotiation skills in interaction with a range of colleagues, professional partners, employers and participants; interact effectively with others through collaboration, collective endeavour and/or negotiation

	B3: Present ideas and work to a diverse range of audiences in a range of situations by articulating ideas and information comprehensively in visual, oral and written forms
	B4: Articulate reasoned arguments through reflection and informed integration of the views of others in the development or enhancement of their evidence-based practice
C. Professional/ Vocational Skills	C1: Apply, consolidate and extend learning in different contexts and situations, both within and beyond the field of creative arts practice for wellbeing with a range of participants in diverse settings
	C2: Exercise self-management skills in managing workloads and meeting deadlines; accommodating change and uncertainty
	C3: Practise responsibly with skill and imagination while observing sound and ethical working practices, and professional/legal responsibilities relating to the subject; including a non-discriminatory approach
	C4: Demonstrate personal resilience, commitment to and responsibility for professional conduct, professional autonomy, reflective skills and continuing professional development in diverse practice settings

(for learning outcomes at intermediate awards please see the Course Handbook)

D. Key Skills for the Final Award	
D1. Communication	Written communication skills for academic and professional purposes Ability to develop and utilise effective verbal and non-verbal communication skills with participants and stakeholders in the design, delivery and evaluation of creative arts practice. Demonstrate advanced communication and presentation skills. Apply interpersonal, social and negotiation skills in interaction with a range of colleagues, professional partners, employers and participants.
D2. Enquiry and Analysis	Information search and retrieval Flexibility and adaptability Critical analysis and evaluation Ability to consider relevant theoretical knowledge and evidence based practice and apply it critically to their own practice. Develop independent learning ability required for continuing professional development.
D3. Problem Solving	Decision making and problem solving within a sometimes unpredictable professional context Ability to make decisions and find solutions to complex and diverse needs of participants by utilising literature and professional expertise. Creative problem-solving through experimentation with materials, processes and technologies. Collaborative problem-solving.
D4. Digital Skills	Literature searching and referencing software Video/audio recording media Writing and presentation software Internet use and security Image manipulation Website construction Digital marketing and professional self-promotion

D5. Working with Others	Team work Group facilitation Collaborative practice Ability to work effectively in a range of settings with diverse participants and stakeholders. Utilisation of specialist facilitation skills and an ethical, reflective and professional approach.
D6. Employability	Develop the qualities needed for employment in circumstances requiring sound judgement, personal responsibility and initiative in complex and unpredictable professional environments. Ability to demonstrate professional conduct, professional autonomy, reflective skills and continuing professional development in diverse practice settings Develop employability skills relating to employed and self-employed roles

(for key skills at intermediate awards please see the Course Handbook)

E. Course Content, Means of Assessment and Delivery Schedule – Full Time Delivery									
Level 4 (all core)									
Code	Module Title*#	Credits	Type (Core, Specified, Optional)	Module shared with any other course? (Yes, No)	Year of Delivery	Term(s) module taught and assessed	Methods of assessment (Written Exam, Practical Exam, Coursework etc.)	Assessment contribution to module (%)	Month(s) of assessment submission or examination
TBC	Art (1)#*	40	Core	No	1	1,2,3	Practical	50%	December
							Practical	50%	May
TBC	Professional Practice (1)#*	40	Core	No	1	1,2,3	Practical	40%	November
							Portfolio	60%	February
TBC	Creativity and Wellbeing: Theoretical Underpinnings#*	20	Core	No	1	1,2,3	Practical (Coursework)	50%	February
							Written (Essay)	50%	April
TBC	Academic Skills for Inclusive Practice	20	Core	No	1	1,2,3	Field Notes	25%	October
							Written (Essay)	75%	January
Arrangements for immersive learning - #Please # Module Code and Title that have arrangements for immersive learning									
Art (1), Professional Practice (1), Creativity and Wellbeing: Theoretical Underpinning – all contribute to immersive learning period in first 6 weeks by contributing to the first project and assessment									

Art (1), Professional Practice (1), Creativity and Wellbeing: Theoretical Underpinning – all contribute to immersive learning period in first 6 weeks by contributing to the first project and assessment									
*Please * any modules where a DBS check will need to be undertaken Enhanced DBS will be needed for the Professional Practice (1) module									
Level 5 (maximum of 20 credits of options)									
Code	Module Title*#	Credits	Type (Core, Specified, Optional)	Module shared with any other course? (Yes, No)	Year of Delivery	Term(s) module taught and assessed (1,2,3)	Methods of assessment (Written Exam, Practical Exam, Coursework etc.)	Assessment contribution to module (%)	Month(s) of assessment submission or examination
TBC	Art (2)#	40	Core	No	2	1,2,3	Practical	40%	January
							Practical	60%	April
TBC	Professional Practice (2)#*	40	Core	No	2	1,2,3	Presentation (seminar)	20%	February
							Portfolio	50%	March
							Written	30%	March
TBC							Observation (Practical)	60%	December

	Working Creatively to Facilitate Wellbeing#	40	Core	No	2	1,2,3	Written (Report)	40%	May
Arrangements for employability - # Please # Modules with Employability (Employability should be developed for level 5 but may be uplifted to level 6 if required)									
Employability is embedded within Professional Practice (2) with a 70 hour work-based placement and accompanying documentation. Students will also learn about completing funding applications in relation to developing the sustainability and legacy of their projects. This focus on employability will filter through the Art (2) and Creativity and Wellbeing modules, with consideration in each module of the relevance of teaching and assessment to developing the employability of students									
*Please * any modules where a DBS check will need to be undertaken: Enhanced DBS will be needed for the Professional Practice (2) module									
Level 6 (maximum of 40 credits of options. Academic case must be provided for maximum of 60 credits of options)									
Code	Module Title*#	Credits	Type (Core, Specified , Optional)	Module shared with any other course? (Yes/No)	Year of Delivery	Term(s) module taught and assessed (1,2,3)	Methods of assessment (Written Exam, Practical Exam, Coursework etc.)	Assessment contribution to module (%)	Month(s) of assessment submission or examination
TBC	Art (3)#*	40	Core	No	3	1,2,3	Practical (Prototype)	10%	October
							Practical (3 elements)	90%	May
TBC	Professional Practice (3)#*	40	Core	No	3	1,2,3	Presentation (seminar)	25%	February
							Portfolio	50%	April
							Written (Report)	25%	April

TBC	Creativity and Wellbeing: Evidence Based Practice #	40	Core	No	3	1,2,3	Written (Essay) Presentation	60% 40%	January May
Arrangements for immersive learning #Please # Module Code and Title that have arrangements for immersive learning and/or employability									
There will be immersive learning activities at the outset of the Autumn semester, integrating the students' studies on all three core modules. There is also an Employability focus in all three modules, with the completion of GradEdge as part of Professional Practice (3), Graduate Exhibition and associated professional documentation and self promotion as part of Art (3) and a professional pitch of a Graduate Project in Creativity and Wellbeing									
*Please * any modules where a DBS check will need to be undertaken									

F. Course Content, Means of Assessment and Delivery Schedule – Part Time Delivery

Core modules are those that students must study and cannot be compensated by Award Examination Boards

Specified modules are those that students must study but can be compensated by Award Examination Boards

Optional modules are those that students have a degree of choice over, usually within a limited range, and can be compensated by an Award Examination Board

N/A

H. Ethical Issues

Describe any ethical considerations associated with the course and how they will be dealt with.

Ethical practice is core to the course and students learn to appreciate in an applied way how to do well and avoid harm in their work with their participants and with each other. The students are nurtured, through the Professional Practice and Creativity and Wellbeing modules, to consider in detail the ethical implications of their practice. While there isn't a standardised code of conduct or ethics that students must adhere to in their role as Creative Arts Practitioners, related standards and ethical codes are introduced and reflected upon to inform and develop a culture of best practice (National Alliance for Arts, Health and Wellbeing, 2012; HCPC, 2013; WG, 2014, 2015; Care Council for Wales, 2015; Clements, Hughes and Stiller, 2015; ArtWorks Cymru, 2015; All-Party Parliamentary Group in Arts, Health and Wellbeing, 2017). Students are introduced to the faculty ethics processes for research in relation to their studies in Evidence Based Practice and Professional Practice, and any ethical matters arising would be escalated through the appropriate internal channels, including the Faculty Ethics Champion.

While students aren't subject to a Fitness to Practice regulations since the course is not professionally accredited, there are robust Cause for Concern procedures in place whereby any concerns about a student's progress or conduct can be escalated and addressed efficiently, both internally and externally in liaison with the placement setting.

The course team are aware that the nature of the curriculum means that module content may be sensitive in relation to students' own life experiences. It is made clear to students through collaboratively generated contracts that they may choose to temporarily opt out of some sessions should they find the content distressing. It is important to note that tutors are not able to provide psychotherapeutic interventions and students will be signposted counselling or other relevant support where appropriate.

I. Employability and Employer Engagement	
Employer Engagement will be achieved by:	
Visiting Speakers	Where possible, specialist speakers will be engaged to enrich the course provision in areas not covered by the professional diversity of the Course Team. This includes experts by experience, workshop participants and graduates.
Volunteering	Work placements in all years will typically be as volunteers. Additional volunteering opportunities are regularly and proactively signposted via the Virtual Learning Environment.
Fieldtrips	A Field Trip forms the basis of an assessment in the Academic Skills module where students learn how to compile observational notes. A residential Field Trip is held in the Spring Term during Year 1. Site visits are also arranged for projects which collaborate with professional partners, or where work to be produced is site specific.
Work Placements	Substantial work placements in all years of study form a central part of the curriculum. This reflects the practitioner nature of the discipline and profession.
Work-based Learning	Substantial work placements in all years of study form a central part of the curriculum. This reflects the practitioner nature of the discipline and profession.
Sandwich Years	Currently there is an arrangement with the University of Nurtingen that students of their BA Art Therapy can join the third year of the BA(Hons) Creative and Therapeutic Arts to graduate with a USW degree. There are no current arrangements in place for BA(Hons) Creative and Therapeutic Arts students to undertake a sandwich year.
Employer Forums	An annual Placement Mentor and Professional Partner event is held to nurture professional relationships with collaborative partners. Resources are also widely disseminated online.

Other	A CPD programme is being devised to enhance on-going links between employers and the University.

J. Learning Support	
The learning support available through the course	
Induction	Induction will take place in accord with University and Faculty expectations. Key enrolment activities are coordinated centrally by USW, and the Course Team provide a tailored programme of activities relevant to the discipline and course community. This includes a field trip of relevance to the Outdoor Art project in the first year of study, a communal lunch with all year groups as a participatory arts activity, an initial meeting with the Personal Academic Coach (PAC) and opportunities to get to know the physical space and the logistical working of the course and the university.
Personal tutor	Students will be allocated a personal tutor who is part of the core teaching staff for their year group. The students change tutor in each year of study to engage with more of the staff team and to engage with the tutor who most frequently teaches that year group.
Office hours	Tutors will provide regular times when they are available for contact, as well as working closely with the cohort in class. Working days will be clearly articulated in the Course Handbook, VLE and email signatures.
Tutorials	Personal Academic Coaching Tutorials once per term are built into the timetable. Additional academic and pastoral tutorials are available upon request and by arrangement.
Seminars	Smaller groups of seminar size are used for case discussion and personal development work. This is of centrality to the Professional Practice modules where students need the opportunity to reflect in detail on their challenging placement work.

Formative Assessment	Formative assessment is built into each module. This includes peer review, artwork critique and opportunity for engagement in formatively assessed tasks as preparation for summative assessment.
Progress meetings	Progress meetings will be incorporated into tutorials through the Personal Academic Coaching model. If Cause for Concern is raised by the Course Team or a Placement Mentor, further progress meetings will be arranged, in liaison with the USW Progression Service.
Online Resources	Learning materials will be available via the VLE. Information and announcements will also be made via the VLE.
Advice Centres	An Advice Zone is available at USW Treforest Campus. Students can also access the Advice Zone on any other USW campus, should they wish.
Disability and Dyslexia (DDS) Service	The DDS Service is available at USW Treforest Campus. Students can also access DDS on any other USW campus, should they wish.
IT/Library	IT support and library facilities are available at USW Treforest Campus. Students can also access IT/Library on any other USW campus, or remotely, should they wish.

K. Entry Requirements

The entry criteria below shows the qualification range within which the University will make offers. Most offers we make are at the top of the range, but we take all aspects of an application into consideration and applicants may receive a personalised offer. Combinations of qualifications are acceptable and other qualifications not listed here may also be acceptable, such as related qualifications from international students (in combination with suitable IELTs scores), or older qualifications from mature students. The Course Team liaise closely with Enquiries and Admissions to ensure parity of

opportunity and quality, while maintaining the Widening Access agenda of the University.

Interview

This will include a discussion of applicants' current involvement with art. They will also be required to produce a portfolio of work, which should be no less than 20 pages, demonstrating their art practice, and vitally, artistic identity. Where Art has not been studied as part of formal education, applicants should look to pursue art classes, night school and/or independent studio practice.

Typical A-Level Offer	BCC - CDD to exclude General Studies (this is equivalent to 104-80 UCAS tariff points).
Typical Welsh BACC Offer	Pass the Advanced Welsh Baccalaureate Diploma with Grade C/D in the Skills Challenge Certificate and BC - CD at A Level to exclude General Studies (this is equivalent to 104-80 UCAS tariff points).
Typical BTEC Offer	BTEC Extended Diploma Distinction Merit Merit - Merit Merit Pass (this is equivalent to 112-80 UCAS tariff points).
Typical IB Offer	Pass the International Baccalaureate Diploma with higher grades of between 655-445 (this is equivalent to 112-80 UCAS tariff points)
Typical Access to HE Offer	Pass the Access to HE Diploma with 60 credits overall – the credits should equate to between 106-80 UCAS tariff points (examples below) 45 Level 3 credits equating to 15 Distinctions, 24 Merits and 6 Passes (106 UCAS Tariff Points) 45 Level 3 credits equating to 12 Distinctions, 6 Merits and 27 Passes (80 UCAS Tariff Points)

Additional Requirements	GCSEs: The University normally requires a minimum 5 GCSEs including Mathematics and English at Grade C or above, or their equivalent but consideration is given to individual circumstances Other: You will also need an enhanced DBS check.

An enhanced DBS check and registration with the updating service is also required for this course – details will be sent to applicants at the appropriate time. This will ensure applicants are checked against the adult and child lists to ensure they have the most thorough and rigorous check before engaging in practice with potentially vulnerable participants.

Relevant work experience

In addition to the formal qualifications, work experience with children or with adults with physical, psychological, social or emotional needs is a significant advantage, ideally utilising art and/or creative methods. This can be, for example, full or part-time paid work in a care, community or educational setting, or volunteering that involves engagement with children or adults. Prospective students are asked to evidence this recommendation in their personal statement and/or at interview. If there isn't evidence of this experience at interview but the candidate meets other criteria, this recommendation is made in interview feedback and the applicant is encouraged to pursue such experience in advance of commencing studies.

Attendance at a Taster Day or Open Day would also be recommended.

Will students be required to undergo a DBS check?	Yes, Enhanced

Student Representation

Students on this course will be represented at meetings with teaching staff and other members of the University by Course Representative and Student Voice Representatives. The role of the Course Representatives is to elicit the views and issues of the students they represent, and reflect these views/issues at Student/Staff Course Liaison Groups (SSCLGs) and feedback to the students the outcomes/actions from the SSCLGs. Student Voice Representatives are responsible for representing their group of Course Representatives at Course Boards and Faculty Quality Assurance Committee and Faculty Learning and Teaching Enhancement Committees.

Course Monitoring

The University is responsible for both the standards of its awards and for the quality of its students' learning experience. In order to ensure that standards are maintained and there is continuous enhancement a process of regular review, known as annual monitoring take places. This purpose of the process is to evaluate and improve course quality, ensure the best possible student experience within the resource available and to identify and disseminate good practice. It also ensures that appropriate action is taken to remedy any identified shortcomings and enhance provision.

External Examiner

External examining provides one of the principal means for maintaining UK academic standards within autonomous higher education providers. The majority are drawn from other higher education institutions in the UK. In some cases there will be external examiners drawn from industry or practice.

They provide carefully considered advice on the academic standards of the courses and/or modules to which they have been assigned, and can offer advice on good practice and opportunities to enhance the quality of those courses/modules. They are also able to offer an informed view of how standards compare with the same or similar awards at other higher education providers (primarily in the UK, and sometimes overseas as well) of which they have experience.

External examiners provide annual written reports to the University based on what he/she has observed of the University's assessment processes and student assessed work. The external examiner(s) associated with this course are recorded in the Course Handbook.

Engagement with Subject Benchmark Statements, QAA Quality Code, CQFW and FHEQ

The QAA Subject Benchmarks Statement for Art and Design was consulted and found to be very useful for developing the course learning outcomes and associated curriculum (QAA, 2017). While we are a subtly distinct course from a pure Art and Design degree, the increased recognition in the 2017 edition of the diversity of interdisciplinary courses evolving in the field allows for relevance in the document.

Higher Education Funding Council for Wales (2017) Higher Education for Future Generations, HEFCW/CQFW (2009) Credits and Qualification Framework for Wales and Quality Assurance Agency (2014) Quality Code to include the Frameworks for Higher Education Qualifications of UK Degree-Awarding Bodies were also consulted.

Q. Inclusive Curriculum Statement

The University of South Wales operates a policy of inclusive learning, teaching and assessment to ensure that all students have an equal opportunity to fulfil their educational potential. Course teams will have considered ways of designing out any potentially disadvantageous element of courses during the course design process. However some specific needs may remain, details about how to apply to have your needs assessed can be found at: http://unilife.southwales.ac.uk/pages/3040-disability-and-dyslexia-service/

Intended Learning Outcomes for the Final Award	
A. Knowledge and Understanding	A1: Select, experiment with and make appropriate use of materials, processes, technologies and environments showing understanding of quality standards and attention to detail for both facilitation practice and art studio practice.
	A2: Manage and make appropriate use of the interaction between intention, process, outcome, context, and the methods of dissemination in creative and therapeutic arts practice for wellbeing.
	A3: Refine individual artistic identity for both facilitation practice and art studio practice supported by advanced examples of research and experimentation.
	A4: Critically examine the underpinnings, principles and application of the theoretical context informing creative art practice for wellbeing; including arts in health, participatory arts and socially engaged arts.
B. Intellectual Skills	B1: Articulate, synthesise and generate knowledge and understanding, attributes and skills in effective ways in the contexts of creative practice, employability and enterprise, preparation for further study, research and personal development.
	B2: Apply interpersonal, social and negotiation skills in interaction with a range of colleagues, professional partners, employers and participants; interact effectively with others through collaboration, collective endeavour

	and/or negotiation.
	B3: Present ideas and work to a diverse range of audiences in a range of situations by articulating ideas and information comprehensively in visual, oral and written forms.
	B4: Articulate reasoned arguments through reflection and informed integration of the views of others in the development or enhancement of their evidence-based practice.
C. Professional/ Vocational Skills	C1: Apply, consolidate and extend learning in different contexts and situations, both within and beyond the field of creative arts practice for wellbeing with a range of participants in diverse settings.
	C2: Exercise self-management skills in managing workloads and meeting deadlines; accommodating change and uncertainty.
	C3: Practise responsibly with skill and imagination while observing sound and ethical working practices, and professional/legal responsibilities relating to the subject; including a non-discriminatory approach.
	C4: Demonstrate personal resilience, commitment to and responsibility for professional conduct, professional autonomy, reflective skills and continuing professional development in diverse practice settings.

(for learning outcomes at intermediate awards please see the Course Handbook)

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APPENDIX

Letter(s) of support from employers

Wales Millennium Centre, Bute Place, Cardiff, CF10 5AL
029 2030 0331
info@hijinx.org.uk
@HijinxTheatre
/HijinxTheatre

Friday 24.11.17

To whom it may concern,

Re: Revalidation of Creative and Therapeutic Arts: letter of support.

Hijinx have been fortunate to engage with the students and teaching staff of the Creative and Therapeutic Arts course for a number of years.

Traditionally offering work based learning opportunities for the music students, we were delighted that we could cultivate a new relationship this academic year with the Art students. This is something we are extremely keen to continue for a number of reasons.

With our specialist focus as an inclusive theatre company, it is rare to find a course that fits so in line with our inclusive values and aims. The CTA students have consistently demonstrated a dedication to projects (and participants) that feels sadly lacking from other university courses, which is of huge benefit not only to our actors, but also to the students' learning processes.

We also recognise the importance of meaningfully supporting the education of tomorrow's facilitators and artists. The partnerships that have been developed between Hijinx Theatre and the Creative and Therapeutic Arts course have led to continued opportunities for graduating students from the course to engage with the company. We currently engage with three, and hope to continue to nurture professional relationships with the future cohorts of students benefiting from this vital course.

Kinds Regards,

Jon
Jon Dafydd-Kidd
Outreach Coordinator

ArtWorks Cymru

29th November 2017

Letter of Support – BA Creative and Therapeutic Arts at University of South Wales

To Whom It May Concern,

I have been impressed by the professional relationships forged through our liaison with this course and the professional manner that the staff team conduct themselves. The course leaders have been extremely active in making links to the participatory arts sector and picking up current research and thinking. The course has actively embedded the ArtWorks Cymru Quality Principles into it's teaching and learning, which will give students a real head start as this is a tool that is being taken up sector wide in Wales.

We are happy continue to offer our professional support to the BA Creative and Therapeutic Arts course at USW through the continuation of our relationship.

Yours Sincerely,

Regards,

Rhian Hutchings

Rhian Hutchings
ArtWorks Cymru Partnership Manager
07966 450299
rhianhutchings@outlook.com
www.artworks.cymru

Trinity Fields School & Resource Centre,
Caerphilly Road,
Ystrad Mynach,
Hengoed.
CF82 7XW

School No: 01443 866000
Fax No: 01443 866045

27th November 2017

To whom it may concern,

BA (Hons) Creative and Therapeutic Arts

Trinity Fields is a school for pupils aged 3-19 with complex needs. We have been involved with the above course for several years in the capacity of a placement partner for students.

As a school we regularly seek to engage with professionals who are able to offer arrange of therapeutic approaches, so we are delighted to be involved with the department in offering placements and supporting its students.

We have always had excellent working relationships with the department, and have been impressed by the way that placements are regularly reviewed and developed, and our views sought and listened to, in order to ensure that the placements are of the highest quality.

There is excellent communication from the department, which ensures that the students are fully committed and dedicated to the requirements of the course, and also we as a placement provider are fully informed of our responsibilities.

The students we have been fortunate to have placed with us, have without fail been not only enthusiastic and passionate about the benefits of their practice with our pupils, but have also been very knowledgeable and brought a great deal to our staff too.

We look forward to continuing to support the CTA students and course leaders, and feel proud that we are playing a part in helping to develop the next generation of practitioners who play such an important part in the school's provision.

Yours faithfully,

Leanne Boardman

Leanne Boardman
Assistant Headteacher

Bodringallt Primary School
Bodringallt Terrace,
Ystrad,
Rhondda
CF41 7QE
Tel No: 01443 434292
Fax No: 01443 421865
Email: Administration@.Bodringalltpri.rctednet.net

Headteacher
Mr S.Howells

27/11/17

To whom it may concern,

We at Bodringallt Primary School SEBD class have been involved with the students at USW, Working with Therapeutic Art within the classroom setting for 3 years.

I as school mentor for these students have been impressed with the students we have had. They have worked well with pupils who have Social, emotional and behavioural difficulties, using a well thought out range of activities which give the pupils a sense of self-worth and raises self-esteem. The pupils explore their emotions through the sessions and each child achieves success with their work. It is amazing to see the emotional growth of these pupils as the weeks go by.

The students who come to us are professional, with good interpersonal skills, and engage well with all staff and pupils within the educational environment. They develop a good knowledge of the individual child in order to work effectively with them and are sensitive to the needs of the child, giving a range of sensory and creative experiences.

We at Bodringallt Primary School SEBD class are happy to continue welcoming students from the course into our class for many years to come.

Yours Sincerely

Joanne McInnes
Class Teacher SEBD class

21 London Road

Neath

SA11 3FE

27th November 2017

Dear Sir or Madam,

Re: BA (Hons) Creative and Therapeutic Arts – Supporting Letter

My name is Sue Stradling and I am the Counselling Co-ordinator of NPT Mind, a charity supporting people experiencing mental or emotional distress living in the Neath and Port Talbot area. I also facilitate our therapeutic groups and have an MA in Art Practice (Art, Health and Wellbeing).

I first became aware of the BA (Hons) CTA whilst completing my Masters degree, and was impressed by the level of skill in the practice of the students. This has encouraged me to support a placement at our organisation.

I have also carried out short term lecturing on the course and have been impressed by the maturity and enthusiasm of the students, as well as the professionalism and dedication of the teaching team.

Our experience of a placement at NPT Mind has been overwhelmingly positive. The liaison between University and ourselves before the starting date was professional and thorough, and we felt fully supported to receive the student.

The student on placement with us has been an asset to us and a credit to her course. Participants who have worked with her have commented that sessions have been well planned and have thoroughly enjoyed them. They appear more confident and are keen to work in her groups. We have been confident of the student's capability to work with these participants, and also about her ability to learn from her time with us.

I hope this information will be helpful to you in reaching a decision, but please do not hesitate to contact me if I can be of further assistance.

Yours faithfully,
Sue Stradling
Counselling Co-ordinator

Company Limited by Guarantee, Reg number: 3750679
Charity Number Reg number: 1076817
Tel Number: 01639 643510
Email address: neathmind@btconnect.com
Website address: www.nptmind.org.uk

Drive
PROMOTING INDEPENDENCE
YOUR LIFE, YOUR WAY

Date: 23/11/2017

To whom it may concern,

Re: Revalidation of BA (Hons) in 'Creative and Therapeutic Arts'?

I work for an organisation called Drive, we support people with learning disabilities, autism and mental health issues. Most of the support we carry out is within supported living, we also offer targeted support, short term care and have a gardening project. This is the second year that Drive has provided placements to CTA students and we have been really impressed!

The first student ran sessions based at our head office and had 5 participants. Each person had varying needs, but this did not phase the CTA student at all. I received very positive feedback from both our supported people and their staff. We currently have two 3rd year students with us, one is based at our gardening project and is working with a small group of individuals. The other student is working on a one to one basis, based within one of our supported living houses.

The students all work in a professional manner, I have been very impressed to see they also work in a person-centred way. This is very important to Drive and is part of our ethos. I have observed several sessions and have seen our supported people relax and really engage with students while carrying out the tasks.

Drive has a good working relationship with the placement officer and the University. They are very helpful when planning a placement and will always give advice when needed. Our supported people really enjoy the art sessions and get a great deal out of the experience. I hope to continue this partnership with the BA(Hons) Creative and Therapeutic Arts students and the University of South Wales, Drive looks forward to welcoming more students in the future!

Best Wishes

Jo Parsons
Participation Officer, Drive

Reflection on Appendix 11, Revalidation of the USW Creative and Therapeutic Arts Degree, September 2020

In a similar vein to the reflection on Appendix 10, I would like to take this opportunity to provide some brief reflections upon reading this document, authored in 2017, in Summer 2020.

As noted in relation to Appendix 10, were I to complete this task again or anew, I would integrate the centrality of exploring normalcy and diversity and students' attitudes and assumptions about difference into the module and course learning outcomes. As Appendix 15 highlights, I hadn't understood the extent of students' deficit-based understanding on entering the course, and having realised this, I would now position this as a more integral learning outcome of the course.

I note that the importance of professional partnerships is not as apparent in this document as it is in the reality of designing and delivering the course. Simulation based activities can be seen to over-simplify the experience of disablement and can be not only inauthentic or ineffective, but offensive and inappropriate (French 1992; Young 2006; Hale *et al.* 2013) and so a move was made through and since the revalidation activity to ensure authentic partnership for each project on the degree. I hadn't identified this at the time as a pedagogical decision, which I should have included in this document.

Another interesting point that arose as I revisited this document was the opportunities for professional development that have occurred for the course team through this process. Committing to a more refined and cohesive curriculum has required the course team to work together to learn about each others' specialisms in order to join students on their journey across modules. This has enabled me to share my passion for CDS with colleagues who are artists, therapists and administrative staff, who may not otherwise have engaged with this material. In return, I have learned about psychological theories like self determination theory (Ryan and Deci, 2000) and its relevance to arts in health practice, as well as a myriad of artistic models that I wasn't previously aware of. It has significantly enriched my practice to consider my own area of specialism from other vantage points and to critically

consider the intersections between our collective experiences, which we ask students to navigate.

I would also expand upon the institutional Inclusive Curriculum Statement that is included in this document. In current course documentation, we discuss at length the course team's responsibility for the accessibility of provision and invite students to dialogue with us and inform us of how we can improve the inclusivity of our provision.

A final aspect of the newly validated course which is not fully reflected in this document was my vision as Course Leader to move away from some historical fine art practices on the degree. While I have researched and can appreciate the importance of various Fine Art practices such as studio practice and critique, I felt that the continuation of a 'traditional' graduate show in a white-walled gallery context was not congruent with the vision of the course. This was not discussed in this document since it didn't necessarily impact on the learning outcomes or course provision specifically. However, in recent years, the third year of the programme has evolved to include an increasing focus on accessibility. This has enabled my CDS focus to be delivered in the Art module, and has enabled my colleague who has a specialism in creative access to bring her skills and insight to the programme in a way that she didn't previously. Students are now required to develop a Community Art Trail in place of a graduate show, whereby they can invite and socialise with their workshop participants. This requires students to consider the accessibility of their artwork deeply, and facilitates many heated debates over whether universal design can be applied in Fine Art and at what stage in the creative process access should become a consideration. This is a development I'm extremely proud of as Course Leader, and in future iterations of this documentation would feel it important to celebrate and disseminate.

Appendix 12 - The Process, Challenges and Opportunities of Developing an Undergraduate Curriculum in Creative and Therapeutic Arts (Pickard, 2020).

- Article available at: https://onlinelibrary.wiley.com/doi/full/10.1111/jade.12226
- DOI: 10.1111/jade.12226
- Full reference: Pickard, B. (2020), 'The Process, Challenges and Opportunities of Developing an Undergraduate Curriculum in Creative and Therapeutic Arts', International Journal of Art and Design Education, 39(1), p. 98-112.

The Process, Challenges and Opportunities of Developing a Curriculum in a Creative and Therapeutic Arts Undergraduate Degree Programme

Beth Pickard

Abstract

This paper reflects upon the process, challenges and the opportunities realised in the recent revalidation activity of an undergraduate degree programme in Creative and Therapeutic Arts (CTA). The premise of revalidation (QAA, 2018) and the historical context of the course is briefly encapsulated, before engaging with theoretical frameworks at the forefront of contemporary participatory arts practice. This includes an initial focus on the relevance of critical disability studies to participatory arts education (Penketh, 2016), followed by exploration of the contrasting approaches of socially engaged art practice (Helguera, 2011; Thompson, 2012), inclusive arts practice (Fox and Macpherson, 2015), participatory arts practice (Matarasso, 2013; ArtWorks Cymru, 2015), arts in health (Fancourt, 2017) and arts therapies (Rogers, 2000; Clements, Hughes and Stiller, 2015). The challenge of defining a diverse practice which draws from such contrasting perspectives (Swindells et al., 2016) is further explored in relation to the challenge of working on the boundary between artistic and therapeutic practice. Geographical context is considered, drawing from Welsh (Welsh Assembly Government, 2015; Donaldson, 2015) policy which demonstrates the relevance and value of this creative practice to

strategic wellbeing agendas. Curriculum design is reviewed in relation to experiential learning (Mortimer, 2017) and inclusive practice literature (Grace and Gravestock, 2009; HEA, 2011), as well as relevant higher education policies (QAA, 2017). Upon briefly summarising the revalidated curriculum, a critical discussion around the future of the training and the discipline more broadly is developed, to further nurture and challenge educators, students and practitioners in this exciting area of practice.

Introduction

> ‘Transforming the student learning experience lies at the heart of the modern-day Higher Education (HE) agenda and will remain a priority as HE providers seek to differentiate themselves from competitors and attract, engage and retain more students to achieve an economically sustainable HE model.’
>
> (Mortimer, 2017, p. 337)

It is a requirement of all university programmes in the UK to maintain their currency through a routine, periodic revalidation activity (QAA, 2018, p. 8). Whilst a valuable opportunity to innovate the curriculum, for some subject areas demonstrating continued applicability is a given. However in subject areas such as the arts, where cuts are seen in funding, practice and education (Chatzichristodoulou, 2013; Filimowicz and Tzankova, 2017), there is unfortunately a case to be made to demonstrate the ongoing rationale for a university education. This is further magnified in a unique programme, one of only two in the UK, which trains undergraduate students in Participatory Arts; a challenging practice to define:

> ‘Indeed community arts practice seems to be commonly defined by what it is not: formal education or therapy… Price (2010, p. 332) compares his multifunctional position… as being akin to a 'human version of a Swiss pen-knife' as he switches between 'lecturer, facilitator, youth worker, confidant, advisor technician and child-minder'.’
>
> (Swindells et al., 2016, p. 348-9)

The ‘Creative and Therapeutic Arts’ (CTA) degree, is taught within the Therapeutic Studies department at a large South Wales university which has a passionate widening access agenda. The positioning of the course outside of the Faculty of Creative Industries has implications for the resources and specialist spaces available, and necessitates clear articulation of the precise focus of the programme. As Clarke and Hubert (2016, p. 38) note, the ‘shift in approaches to art making, education and career management means that the future of fine art undergraduate education is under serious threat’ in its traditional guise. The Course Team are very aware of this educational climate, and a focus on sustainability and meaningful graduate employment is paramount. In contrast with this sensitive position, recruitment, retention and graduate employment for this programme have been on a steady upwards trajectory in recent years.

Orr and Shreeves (2018, p. 69) aptly term curriculum design in HE art and design ‘inherently sticky’, which feels familiar in this context. A wide range of influences inform this degree, leading to interdisciplinary and transdisciplinary teaching, and diverse graduate trajectories. Helguera (2011, p. x) provides a useful summary of the challenge of curriculum development in this area:

‘In setting a curriculum for socially engaged art, mere art history and theory won’t do: […] socially engaged art is a form of performance in the expanded field, and as such it must break away, at least temporarily, from self-referentiality. One is better served by gathering knowledge from a combination of the disciplines […] from which artists construct their vocabularies in different combinations depending on their interests and needs.’

Clarke and Hubert (2016, p. 38) suggest ‘art schools have a choice: they can either buckle under the pressure… or they can rethink the design and delivery of their programmes’. While Clarke and Hubert (2016, p. 36) explore a move from the established atelier method of studio teaching to re-envisioning ‘an epistemological framework for undergraduate fine art that will sustain creativity education into the future’, the CTA degree stems from a vocational focus within the Therapeutic Studies department, and considers how to balance expectations of studio teaching in art education with the university’s work-based learning agenda and the department’s focus on informed, ethical, therapeutic practice. As Filimowicz and Tzankova (2017,

p. 157) suggest ‘the current era of tightened budgets, combined with a rapid growth of online and open learning formats, has introduced new pressures on the studio style instructional format’, and thus the degree continues to evolve in response to this contemporary context.

While some authors argue that creativity is being straitjacketed by traditional pedagogic paradigms (Buckley and Conomos, 2009), others suggest that the ‘creative turn’ in HE (Harris, 2014) - where a keen interest in creative teaching and learning across disciplines has been recognised - is providing innovative opportunities (Gustina and Sweet, 2014; Miles and Rainbird, 2015). This recognition has enabled this degree to develop approaches which are transferable to other disciplines across the university, thus elevating the potential of an otherwise minute subject area in the wider university context: ‘Art and design can be the jewel in the crown rather than being seen as the university space eaters who refuse to conform’ (Orr and Shreeves, 2018, p. 11).

Context

The CTA degree was first validated in 2008, entitled ‘Creative Therapies in Education’ and was initially a multimodal programme with visual art, dance and music pathways. The course was taught by practitioners from diverse disciplines, including arts therapists, counsellors and artists. The initial intention was to develop a workforce of creative practitioners who would practice within educational contexts, embracing the potential of the arts as a vehicle for academic, emotional and social development, enabling a holistic understanding and appreciation of the child (Fleming, 2012).

During recent years the course has evolved in two important ways, in response to the voice of applicants, students and employers. Firstly, the multiple pathways have been amalgamated into a visual arts focus. The educational emphasis of the programme has been significantly broadened, to include engagement with community and health partners who are increasingly valuing creative arts practice and its potential for transforming physical and mental health outcomes (Culture, Health and Wellbeing Alliance, 2018). The course title therefore transitioned to

‘Creative and Therapeutic Arts’, to reflect the diversity of practices across a wide spectrum of community, education and health contexts.

The Course Team

The majority of the skilled, ambitious Course Team work on the course in a part-time capacity in order to maintain and develop the currency of their own practice, informing the curriculum with their own subject specialism which brings insight to the colourful provision in a ‘post-disciplinary era’ (Leighton-Kelly, 2012, p. 4, 14):

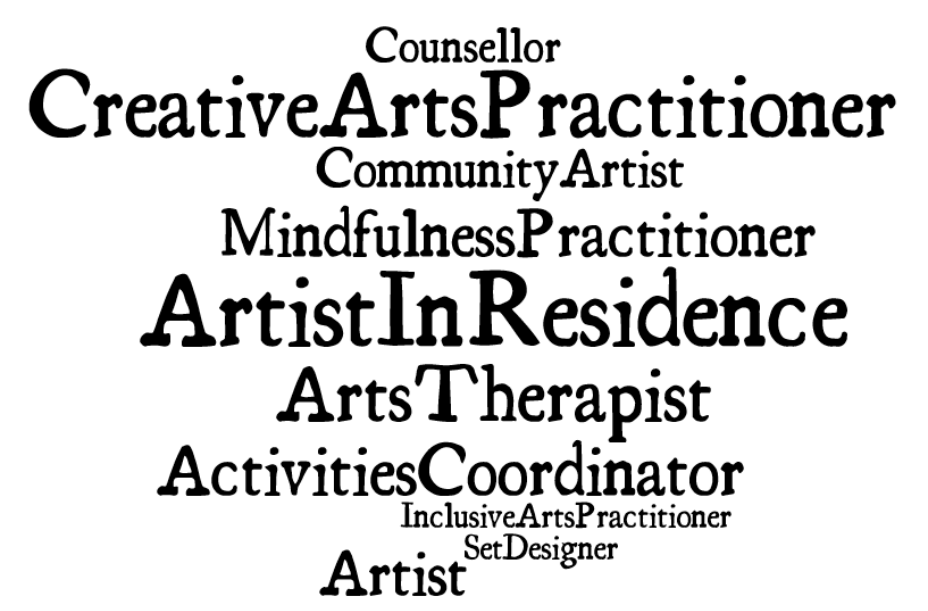

Figure 1 – Word Cloud Illustrating the Diverse Roles of the Course Team

In considering how to collaboratively approach the revalidation activity, Kotter (2008, p. 42) suggests ‘it is important to find ways to link the change to people’s hearts by connecting to their deepest held values’. As such, the following priorities for the revalidation activity were established by the Course Team:

- Inclusive practice should be at the heart of what we teach and practice
- Reflective, ethical processes are paramount
- Emphasis on evidence-based, professional practice

- Graduates should be autonomous and self-sufficient
- Transparent and reciprocal links with industry
- The Evidence Base for Creative and Therapeutic Arts Education

Within HE provision in the UK, the Quality Assurance Agency (QAA) provides benchmark statements which define what can be expected of a graduate in each subject, informing curriculum design: 'The official programme specification provided for each university degree course in the UK must reference one or more of these subject benchmark statements, helping to ensure a common standard across universities within a given subject' (Quinlan, 2016, p. 1042).

There isn't a benchmark statement for Participatory Arts, although the benchmark statement for art and design recognises the 'multiplicity and interdisciplinary nature of programmes covered by the subject' (QAA, 2017, p. 6). Orr and Shreeves (2018) discuss contemporary perspectives on art and design education, recognising the messy, uncertain territory of curriculum development and the potential for live briefs, cross-curricula practices and value systems to broaden the horizons of the subject area.

There has been discussion from practitioners, employers and artist organisations about the development of educational provision for Participatory Arts, nationally and internationally (Moss and O'Neil, 2009; Price, 2010; Buttrick, 2012; Consilium, 2012a; Low and Mayo, 2013; Burns, 2014; Ford et al., 2018). Some practitioners advocate caution in developing an overarching curricular approach: '[There is a] danger of creating a curriculum for working in participatory settings which could potentially stifle creativity, diversity and the ability of artists to respond to the specific context of the setting that they are working within' (Taylor, 2013, p. 21).

Locally, ArtWorks Cymru (2015), have developed a framework of Quality Principles for Participatory Arts practice. These principles were developed collaboratively with local artists over a period of research and development, involving members of the Course Team. This evidence-based framework underpins the course curriculum, providing the foundation of a subject benchmark in this discipline, as advocated by many authors (Burns, 2014; Blanche, 2014).

Further to this important foundation of Participatory Arts philosophy, dedicated research was undertaken within discrete subject areas to consider how each

curriculum area would be positioned in a relevant, informed way on the revalidated programme. Each member of the Course Team researched the extant literature to draw contemporary perspectives in their own specialism to inform the discussion.

Critical Disability Studies

A key innovation, embedded through the revalidation activity, is informing all teaching through the lens of Critical Disability Studies (Goodley, 2017). This addresses two related aspects of inclusion reform which Ware (2001, p. 107) describes as: 'persistence of unexamined assumptions about disability, and uninspired curriculum'. Penketh (2016) recognises that within the parameters of her research into art education, there is a distinct lack of focus or consideration of disability, with as much concern noted about the range and types of discourses identified as well as the underrepresentation of disability in art education literature. Contemporary approaches are increasingly considering the potential of Critical Disability Studies to inform art education (Matthews, 2010; Penketh, 2014; Millet-Gallant and Howie, 2017) and this important interrogation of philosophical and societal constructs such as normalcy and diversity are presented to students from the outset and throughout their studies.

While 'most design courses that address the theme of disability will focus almost exclusively on the functional or medical model of disability', the CTA degree aligns with Gieben-Gamal and Matos' (2017, p. S2022) own position, asserting that 'design students should be given a thorough grounding in the social model of disability as a transformative means to counter the pervasiveness of the medical and personal tragedy models or common-sense understandings of disability'.

As well as introducing Critical Disability Studies, defined by Longmore and Umansky (2001, p. 16) as 'the intricate interaction among cultural values, social arrangements, public policy, and professional practice regarding disability', the course also recognises expertise in lived experience and the hypocrisy of non-disabled academics teaching about the experience of disability (Knox et al., 2000). As such, the course has developed provision which values and prioritises opportunities for experts to share insights with students and challenge 'bestowed knowledge' (Moore and Slee, 2012, p. 227) of disability which may be inaccurately perpetuated by

academic hierarchy, thus democratising the knowledge generation process (Nind, 2014). Laes and Westerlund's (2018, p. 34) sentiment accurately encapsulates the vision of the Course Team: 'Through teaching with, and by, rather than about [disability], we in [participatory arts] education may move beyond normalizing understandings and practices of inclusion, towards an expanded notion of professionalism.'

Visual and Participatory Art

Developing the art focus of the degree required consideration of multiple frames of reference, in order to equip students with the necessary breadth of skills for working in the diverse contexts within which Creative Arts Practitioners operate (Buttrick, 2012). The Course Team are eager to enable students to experience a wide spectrum of approaches to practice, representing different rungs on Arnstein's Ladder of Participation (1969; Thompson, 2012), maintaining a flexible trajectory of potential progression routes post-graduation.

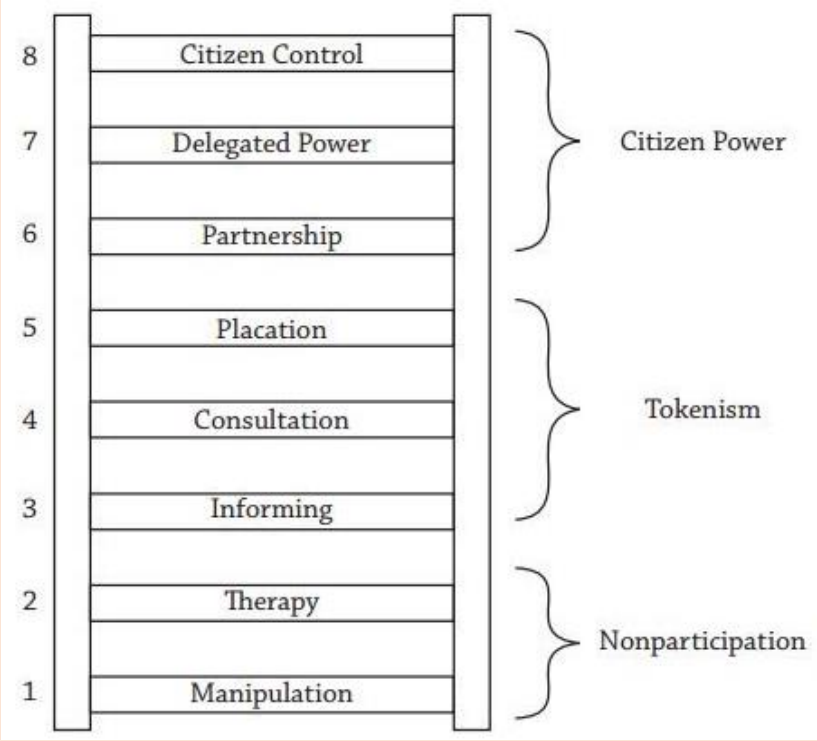

Figure 2 - Degrees of Citizen Participation (Arnstein, 1969)

The experiential learning opportunities on the degree embody the various iterations of participation Arnstein (1969) discusses, such as consulting with nursing staff on the narrative and concept of artistic outputs in an arts in hospitals project; partnership in co-creating artistic events and activities during work placements across a range of contexts; and delegating or citizen control in an inclusive theatre project, where students work alongside artists with learning disabilities enabling creation of authentic, original artworks.

Further perspectives which significantly informed curriculum development were Fox and MacPherson's (2015, p. 11) ideology of Inclusive Arts Practice where 'the emphasis is on the entire humanity of the producers of work (not just their differences), and on the potential of collaboration and creative exchange with people from diverse backgrounds as well as with the critical Contemporary Art world'. This felt like a powerful context to consider in building upon the fundamental underpinning of the course which sees disability as socially constructed (Rapley, 2010) and encourages students to explore through the arts opportunities for empowering participants by valuing diversity and personal growth, presenting a radical call for collaboration on equal terms. The evolution of this practice from principles of Outsider Art also challenges the dominant narrative on who can be an artist and what constitutes quality artwork.

The seminal work of Helguera (2011) exploring Socially Engaged Arts Practice significantly informs many of the Course Team's practices and teaching. Consideration of layers of participation, presented as a tentative taxonomy, is a valuable framework to underpin the diverse projects and enables students to consider in detail the participatory extent of their practice. Passionate advocacy for specialism in social practice beyond art and design is also fundamental to this approach, aligning with the Course Team's vision.

Matarasso's (1997, p. vi) seminal work on Participatory Arts Practice, which he defines as 'an effective route for personal growth, leading to enhanced confidence, skill-building and educational developments which can improve people's social contacts and employability' was influential in considering the expectations of modules across the curriculum, and the potential of the art practice as a participatory

device. The provocation of art as ‘use or ornament?’ was a vital challenge for the Course Team in developing the provision.

Further inspiration was drawn from the Community Arts Movement (Chonody, 2014) and Clements’ (2017) chapter on the development of this movement in Wales specifically, is a vital source of local relevance. Positioning this perspective in the second year of the degree often invigorates and challenges students and with the fundamentals of their participatory practice evolving, gives a social context to their art practice with rich, colourful history to build upon, offering ‘new possibilities of more democratic forms of art and new ways for art to act as a catalyst for social change’ (Crehan, 2011, p. 11).

An increasingly common aspiration from students is for artistic opportunities in healthcare contexts, mirrored by increase in evidence-based practice and public awareness (Fancourt, 2017; Stickley and Clift, 2017). The development of an Artist Toolkit specifically for working in healthcare contexts in Wales is a valuable addition to the evidence-base (ArtWorks Cymru, 2015), as well as the recent UK-wide Inquiry Report of the All-Party Parliamentary Group on Arts, Health and Wellbeing (APPGAHW, 2017, p. 155-156) which recommended that ‘arts education institutions initiate undergraduate and postgraduate courses and professional development modules dedicated to the contribution of the arts of health and wellbeing’.

Therapeutic Principles

This was potentially the most challenging dimension of the curriculum to responsibly develop, reflecting on the boundary between therapy and therapeutic practice (Swindells et al., 2016), or art-in-therapy or art-as-therapy (Losinski, et al., 2016). Without a guiding benchmark statement, significant research was undertaken to understand the current evidence-base informing ethical, effective practice. International, national and local strategies were consulted and careful consideration given to the specific attributes and aspirations of students, participants and employers.

Historical focus on therapeutic literature (Winnicott, 1982; Rogers, 2004) had been challenging for undergraduate students to engage with and translate into their arts-

based practices. A lack of practice examples in this literature also challenged pedagogic practices and created a disconnect between theory and practice, according to student and staff feedback. As such, the Course Team eagerly engaged with innovative areas of focus, including arts in health (Clift and Camic, 2016), positive psychology (Ryan and Deci, 2001) and mindfulness informed practices (Rappaport, 2013).

Swindells et al.'s (2016) paper was seen as a crucial example of informed articulation of practice and affirmed self-determination theory (Ryan and Deci, 2001) as a highly relevant framework to underpin teaching: 'A key factor is that both domains [positive psychology and arts in health] consider health as something beyond an absence of dysfunction and disease and share an interest in understanding the factors that constitute and cultivate wellness' (Swindells et al., 2013, p. 64).

Professional Practice

An uncontested area of the curriculum was professional practice. Here students are enabled to apply their theoretical learning in practice-based situations in all three years of study. This is a vital and unique dimension of the programme, which applicants and employers value highly. As Kinniburgh (2014, cited in Orr and Shreeve, 2018, p. 3) propose: 'In the context of design, students are developing dual identities as students and professionals from the moment they embark on their studies' and the degree is eager to facilitate and nurture the development of both identities, ideally exploring the fusion between them.

In addition to the specific placement project, the revalidation activity embedded practice-based learning across all modules, recognising experiential learning as an opportunity to 'transform the student learning experience from an introspective, self-reflective mirror view into an outward-looking vista, viewing the wider world beyond university through a window of employability' (Mortimer, 2017, p. 337). As such, arts in health projects are taught through engagement with the local health board; inclusive theatre projects are taught with local special schools, national arts venues and actors with learning disabilities; and 'aesthetics of access' (Osborne et al., 2014; Cooley and Fox, 2014) is taught through engagement with national museums and

galleries, prestigious professional partners, audience members, service users and artists.

Discussion

Newly Validated Curriculum

Encapsulating the Course Team's vision, a spiral curriculum (Bruner, 1960, cited in Fry, Ketteridge and Marshall, 2015) was developed which embeds three core subject areas: Art, Professional Practice, and Creativity and Wellbeing. In each year of study, students engage in meaningful, motivating projects, which facilitate experiential learning in all three areas through engagement with professional partners in the community. This enables authentic learning in real-world contexts, at a level appropriate to the students' evolving knowledge and skills. By moving away from a greater number of smaller modules, to three larger core modules that are revisited in greater depth in each year of study, a more cohesive approach to study is nurtured.

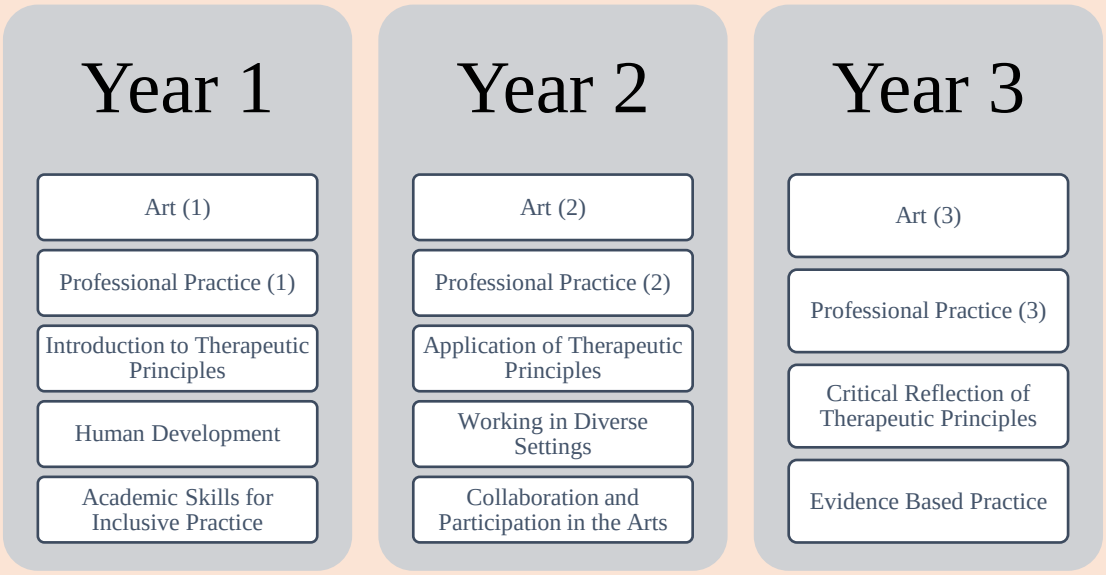

Figure 3 – The Outgoing Curriculum for the 'Creative and Therapeutic Arts' Degree

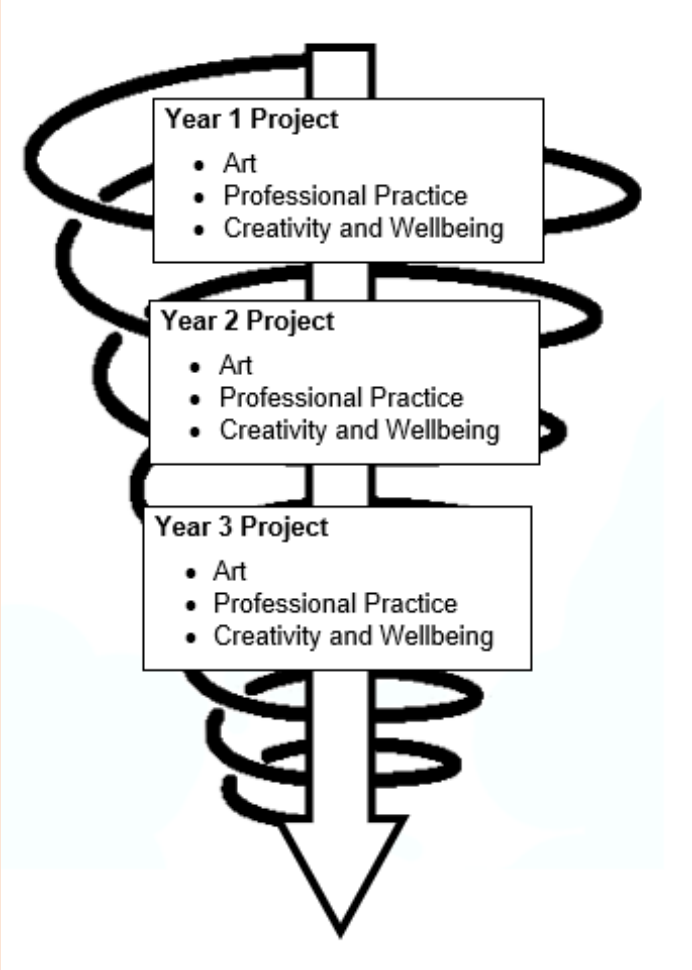

Figure 4 – The newly validated curriculum for the 'Creative and Therapeutic Arts' degree

Inclusive practice is taught explicitly and implicitly through module content and through curriculum and course design. For example, students are invited to contribute to universal design for learning through sharing their notes with their learning community, limiting reliance on specialist provision (Bedrossian, 2018). A large percentage of the students identify as experiencing additional or specific learning needs, which is widely yet anecdotally reported in creative courses (Wolff and Lundberg, 2002; Alden and Pollock, 2011; Bacon and Bennett, 2013; Tobias-Green, 2014), with a need for further empirical research into this phenomenon. Through development of an accessible curriculum, learning environment and culture, reliance on the ableist construct of differentiation (Penketh, 2016) is diminished. A specific collaboration with the university's Disability Service further enabled students'

engagement with their studies by visually explaining the steps of engaging with specialist support through an infographic (Pickard, 2018).

Challenges

In recognising the diversity of terminology identified in the literature (Swindells et al., 2016), a significant challenge was to determine which vocabulary to adopt in the curriculum. The Course Team were eager to maintain the broad range of potential career trajectories for which the course has become known, but also to deliver suitably rich, in-depth teaching on each area for undergraduate study (QAA, 2017).

Having recognised the potential of a spiral curriculum, it was a challenge for the Course Team to consider what the components of Art, Professional Practice, and Creativity and Wellbeing should be for each distinct level of study. What is realistic to expect from a student in their first semester of study, when working through an art form with vulnerable participants? What is a suitable level of professional challenge for a participatory artist in their third year of study when working with participants with potentially profound mental health challenges? How do we prepare students who have transitioned straight from secondary school and do not have life experience of engaging with different groups of people? How do we challenge mature students who have worked an entire profession in another discipline to transition into this new, often revelatory, way of working? Generating and debating these challenging questions through discussion and reflection was a valuable opportunity to question and focus the Course Team's vision in moving forward.

Opportunities

A particularly moving quotation by Orr and Shreeve (2018, p. 72) was invigorating during the critical review: 'Students are encouraged to build disciplinary identities for themselves based on values, skills, practices, beliefs, an awareness of the world beyond the university and their projected and envisioned place within it.' This was refreshing to be reminded that beyond the subject benchmarks and the university agenda, the students were developing as compassionate and empathic practitioners who would shape future policy and practice in their generation of participatory artists. The focus on what Healey (2005a) terms, the philosophy of ideas, at the very outset of the training is a powerful opportunity to sow the seed that students may be agents

of change in the lived experience of disability, mental health, and other experiences through their co-production of art and social practice with their participants.

As Woodill (1994, p. 203) suggests: ‘Because the meaning of disability can be seen as social creation… the way is open for a change in the current meaning of disability through an analysis and reinvention of the way that disability is portrayed in this culture’. Sharing such a premise with students through their study of art enables a consideration of the potential to challenge the perpetuation of disability as a medical construct and for participatory arts to enable empowerment and emancipation of disabled people by challenging systemic barriers to participation.

The opportunity to engage students and employers was crucial to understand both historical and contemporary interpretation of the course. Feedback from employers was overwhelmingly positive about the existing detailed and robust provision, and constructive feedback related to familiarity with codes of conduct and ways of working in related disciplines. This was valuable feedback to consider and enabled an increasingly contemporary approach to the Professional Practice modules.

Student feedback was surprising in noting that the course title, which the Course Team felt was at odds with the current literature and the frequent use of the term ‘Participatory Arts’ throughout this article, was crucial in enabling students to find the course and to commence their journey into this work. As part of the critical review for the revalidation activity, focus groups with current students identified that applicants were attracted to the course title during their initial selection of university programme, and weren’t aware of some of the other terminology used to describe the practice such as Participatory Arts, Community Arts, Socially Engaged Arts, Inclusive Arts, Teaching-Artist and Artist-in-Residence.

Thus, while the course title might not directly represent some of the specific sub-disciplines of the practice, and the inclusion and connotation of the word ‘therapeutic’ can be problematic (Swindells et al., 2016), students reported that the broadness of the title and it’s lack of focus on one specific profession enabled introduction to a wide range of disciplines which students might not otherwise have sought out or pursued. While a shift in course title may attract a different demographic and perhaps enable a tighter alignment between applicants and a specific trajectory such as Arts in Health, the Course Team are eager to maintain an inclusive stance which

celebrates students' diverse ambitions and enables pursuit of a portfolio career in considering the vast array of professional opportunities the course and discipline affords.

By contributing their own passions and priorities for curriculum development, and learning from others, the Course Team were able to enhance their own knowledge and understanding and to develop constructive opportunities for professional and scholarly development. This was a rich welcome for two relatively new members of staff, who developed their insight of higher education policy and processes through this collaborative revalidation activity.

Language and vocabulary was again an emergent theme, with similar ideas described differently across disciplines: this was valuable insight to the student experience of engaging with transdisciplinary literature and ideas.

Conclusion

While the Quality Assurance Agency (QAA, 2017) recognise that there is 'multiplicity and interdisciplinary nature of programmes covered by the subject [art and design]' and a 'growing awareness of what creativity and innovation can bring to the industrial, service and third sectors as well as creative and cultural industries', there is no specific guidance on developing provision in participatory arts higher education in the UK, from a QAA perspective. There has been national discussion in the discipline about this development (Buttrick, 2012; RSPH, 2013), which has informed the process of innovating the curriculum at this university. It is hoped that with the advent of educational provision as well as empirical evidence base, that a code of practice and accompanying benchmark statements for higher education provision can be developed in the near future. The course's role as an official partner of ArtWorks Cymru's research and development in this area will ensure that the Course Team and students have a voice in the profession's evolution in Wales. The need for such a training is echoed nationally (APPGAHW, 2017) and internationally (Ford et al., 2018).

While some authors have noted the potential of an agreed curriculum in this discipline to stifle creativity (Taylor, 2013), and others propose it may take many

years to establish the best way to nourish socially engaged art practices (Helguera, 2011), there is increasing interest from undergraduate students to engage in this area of practice exclusively. If this local pattern is apparent more widely, there will be a need to develop culturally relevant provision internationally. The advent of an informed and robust transpedagogy (Helguera, 2011) and agreed standards of practice in this field could widen the crucial impact of Participatory Arts practices, enabling increasingly coherent, widespread provision to a broader international audience as well as innovating art schools, universities, curricula and artists.

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Appendix 13 - Social Construction of Disability: Parallel Process in Arts Therapies Education and Practice (Pickard, 2018).

- Full reference: Pickard, B. (2018), ‘Social Construction of Disability: Parallel Process in Arts Therapies Education and Practice’ (Conference Presentation), *UK Council for Graduate Education (UKCGE) Annual Conference: Creating Inclusive Postgraduate Communities and Cultures*, Bristol, UK, 2-3rd July 2018.

Social Construction of Disability: Parallel Process in Arts Therapies Education and Practice

Beth Pickard

Abstract

Aims and Objectives

This presentation explores the introduction of a social model interpretation of disability (Goodley, 2017) to students on a postgraduate arts therapies training course, and considers whether insight into this paradigm could inform a cohort of allied health professionals' conception of their clinical and research practices. It is proposed that sharing this pedagogy of ideas (Healey, 2005a) at an early stage of training could inform increasingly accessible and service-user informed research and practice, as advocated by HCPC (2013). Insight into social construction of disability (Rapley, 2010) may also empower students’ ownership of their own learner journey and enable challenging of systemic barriers to participation in their own experiences (Kendall, 2016), in turn contributing to increasingly inclusive postgraduate communities.

Evidence Base for the Content

While the HCPC determines the subject matter that higher education institutions explore on accredited training courses, there is flexibility about the paradigm through which this material is presented. Contrasting perspectives are shared in literature of arts therapies pedagogy (Goodman, 2015) however a medical model paradigm

appears to remain dominant. While there is literature exploring the pedagogy of disability in areas such as primary education (Lingard, 2007), teacher training (Penketh and Waite, 2018) and art education (Penketh, 2016), there is a lack of research into the specific lens through which arts therapy trainees are introduced to the construct of disability. With the potential perpetuation of ableist ideologies in HE more broadly (Dolmage, 2017; Kim and Aquino, 2017), there seems to be scope for discussion around an inclusive, non-normative pedagogy of therapeutic practice (Pickard, In Press).

Conclusions and Recommendations

It is proposed that incorporation of a critical disability studies perspective into arts therapies training could nurture increasingly inclusive approaches to practice as well as increasingly inclusive postgraduate communities where students are empowered to identify solutions to their own learning challenges (Pickard and Norris, 2018) through an anti-oppressive pedagogy (Beckett, 2015).

Conference Paper Presentation (see attached Powerpoint slides)

Good morning, my name is Beth Pickard and I am Course Leader of the undergraduate Creative and Therapeutic Arts degree at the University of South Wales, as well as Senior Lecturer on Masters in Music Therapy and Art Psychotherapy.

It’s a privilege to share with you today some of my work and passion which relates to how we understand disability as a construct, and how this informs our teaching and practice in higher education. The quote here from Penketh and Waite (2017) is taken from a fascinating text which questions the critical avoidance of disability in higher education and has provided much food for thought to inform this presentation, from both a pedagogical and student experience perspective.

The premise of this presentation is taken from a perspective, outlined above, which considers disability not to be a static, deficit-based construct, but a social one with which we all contribute and engage through our pedagogy and practice. By positioning disability in itself as a construct with potential for change, I hope this presentation will provide consideration of how disability is understood and engaged

with at all levels of university practice and how this might enable development of increasingly inclusive postgraduate communities.

Here is a brief context to explain the practice of music therapy, and an image of my non-normative, non-directive practice. As these brief quotations from Bruscia and the British Association of Music Therapists allude, a central feature of music therapy practice is the therapeutic relationship between therapist and client. There are a range of approaches and models, but this relationship is central to them all.

The orientation of my own practice is heavily informed by the work of Carl Rogers who developed the Person-Centred approach to counselling and psychotherapy in the late 1950s. Carl Rogers believed that there were fundamental conditions, a climate if you will, within which any human being had the capacity and potential to thrive. He described the therapeutic process as providing these “necessary and sufficient conditions” (Rogers, 1959) to enable the client to grow. The analogy of the potato was used by Rogers to illustrate that even when the conditions aren’t ideal or conducive, a dark cupboard for example, all organisms have an innate drive for growth.

I believe there is a strong parallel here to my teaching practice, whereby students are the authority and expert in their own experiences, and part of the role of the lecturer is to develop the climate conducive to their learning.

Our interpretation of disability depends upon the paradigm to which we are exposed and to which we subscribe.

In a simplistic sense, the two most prevalent and referenced models of disability in the UK are the Medical (Individual/Personal Tragedy) Model on the left, and the Social Model, to the right.

Very briefly, the Medical Model sees disability as a deficit, situated within the individual. Approaches which align with this paradigm may seek to normalise the individual, by addressing their perceived ‘problem’. The Social Model understands disability as a societal construct. Approaches aligning with this model would seek to challenge systemic and societal barriers to participation (Goodley, 2017).

The interpretation of disability perpetuated at the university will have significant implications not only for disabled students, but also for disabled patients, service users, customers, pupils and citizens our students engage with.

Moore and Slee (2012) suggest that much of our knowledge and understanding about disability is bestowed from misinformed hierarchies of knowledge, often perpetuated by the academy. As the quote by Penketh and Waite (2017) suggested at the outset, a vital component of university education is critical capacity and critical thinking. While we encourage and challenge this within our own disciplinary areas, fundamental assumptions about disability and diversity are often unchallenged, and can perpetuate outdated, misinformed and unhelpful stereotypes.

In order to develop inclusive postgraduate communities, perhaps it is first important to interrogate and challenge our fundamental beliefs about ability and disability, in order to understand the genesis and context of attitudes and actions on the ground.

This powerful quote supported me to understand that by critically engaging with the paradigm at play, and how we portray this through our language, teaching and actions, there is scope to recognise value, resilience and expertise in disability and that there are valid voices to be heard that are vitally distinct from their peers.

This quotation supported me to understand that by developing a curriculum and learning opportunities that enabled students to “analyse and reinvent” their “bestowed knowledge”, there was scope for students to challenge a normative, deficit-based interpretation of disability and for value to be placed on authentic lived experiences.

To provide some brief context to the scale of this discussion, there are currently 24 Masters level programmes in the UK offering accredited Arts Therapies training. The courses upon which I teach are the MA Music Therapy and MA Art Psychotherapy at the University of South Wales, in Newport.

There is some interesting literature discussing the perpetuation of deficit-based discourses in a range of subject areas, and how this can be challenged, from a critical disability studies perspective. While some accreditations and professional bodies dictate subject matter to be taught (such as the HCPC, 2013 and QAA, 2004

for the arts therapies) a paradigm isn't necessarily prescribed, but rather assumed or "bestowed" (Moore and Slee, 2012, p. 227).

As such there is scope to invigorate and change pedagogical approaches and curricula within the existing professional regulations and potentially to transform both student and service user experiences in the process.

For example, the HCPC dictates Standards of Proficiencies that Arts Therapists are required to meet. We see here that they should understand 'health, disease, disorder and dysfunction' but disability doesn't have to be categorised under disorder or dysfunction here. There is scope to consider how disability can inform one's experience of health: physically, mentally and emotionally.

Discussion of neurodiversity and a shift from the language of Autism Spectrum Disorders to Autism Spectrum Conditions, for example, could be well placed here.

If the experience of disability in relation to clients, service users and patients is taught as a deficit and medicalised construct, disabled students in the class may also perceive their own disability to be a deficit to their learning experience. This is unlikely to empower them to reach their full potential through their own authentic experience of academia.

The Creative and Therapeutic Arts has embedded a Critical Disability Studies approach at its heart through a recent revalidation activity. Here the notion of contrasting paradigms of disability are introduced from the outset of students' studies for them to have the opportunity to critically review their "bestowed knowledge" and to develop a repertoire of vocabulary which is consistent with the evolving values and ethos of their practice.

Expertise in lived experience is highly valued, and students are taught by a wide range of experts including disabled children, young people and adults, older adults who are living with dementia, and survivors of domestic abuse, amongst others.

The focus of the students' workshop practice is not curative or normalising, but focuses on minimising or removing barriers to participation through the design of tools, activities, projects and even policies.

This is an innovative approach to curriculum design, which Laes and Westerlund (2018) summarise as teaching with and by, rather than about ‘disability’.

It is proposed that nurturing this understanding of neurodiversity in relation to students’ workshop participants / clients / service users will also inform their own worldview of disability and thus of inclusive undergraduate and postgraduate communities.

As well as creating inclusive and empowering provision for workshop participants, as seen on the left; a further impact of this approach to non-normative pedagogy relates to student experience, as seen on the right.

A high proportion of students on the Masters programmes identify as experiencing additional or specific learning needs, which is recognised as more common on creative courses (Woolf, 2002; Tobias-Green, 2014).

By introducing Social Model thinking to students, I believe there is increased recognition of their agency in their learner journey and I hope that this will motivate more students to challenge systemic barriers to participation and learning, and that they will pursue necessary provision to enable them to reach their full potential.

While this is challenging when the system of both curriculum design and accessing specialist support arguably both prioritise ableist interpretations of disability, we encourage students to recognise that the challenges they face may be institutional and societal rather than solely individual and can be challenged and changed.

By challenging the institution’s interpretation of disability as well as the students’, it is proposed that there is scope to move away from an Individual Model which identifies students experiencing specific learning difficulties or additional learning needs as different or in need of support, and moving towards an inclusive ethos which values expertise in individual experience.

The impact of perpetuating such a model could be wide-reaching with the Masters programmes currently jointly recruiting up to 45 students per year, and each student working with 4-10 clients during their studies. The value to clinical practice, research and student experience of adopting a non-normative, neurodiverse perspective could be significant.

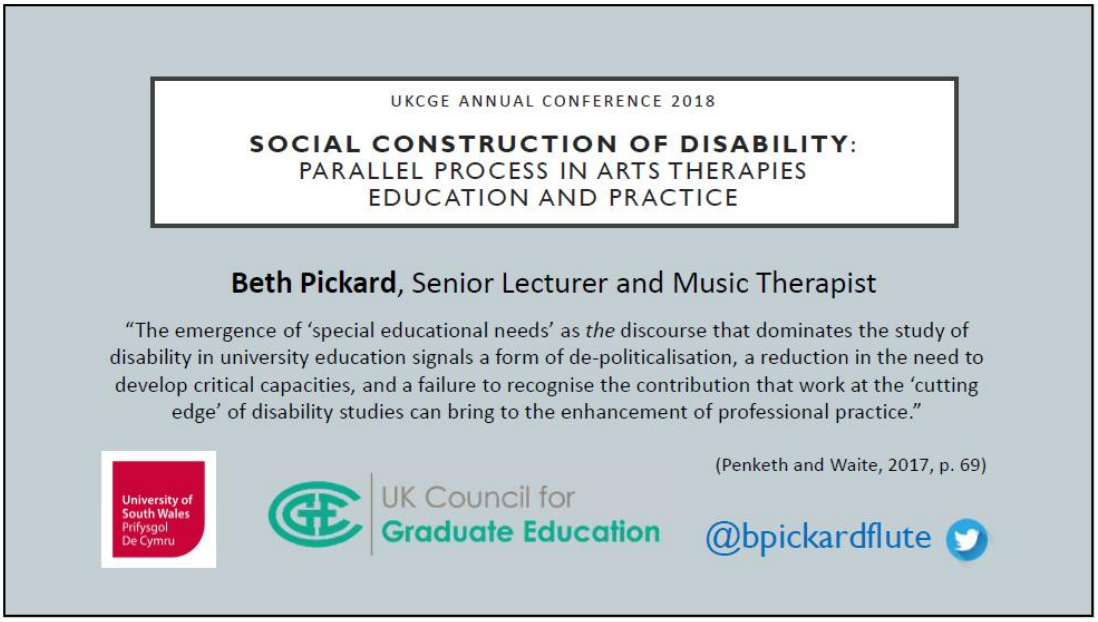
Finally, there are systemic and institutional considerations with regards to the paradigm of disability at play with significant impact on the potential of inclusive postgraduate communities. This includes an ableist curriculum which requires ‘reasonable adjustment’ (Equality Act, 2010), leading to the exclusion and ‘othering’ of disabled students, as well as lack of recognition of expertise in disabled citizens, with the perpetuation of an abelist agenda within the academy.

To close, responses to this proposal of changing our understanding and response to disability to nurture inclusive postgraduate communities could include:

- Recognising disabled students as the experts in their own experience;
- Consider drawing from this expertise at all levels of student experience;
- Reviewing any potentially disabling barriers within our own provision;
- Being critical of the interpretation of disability we perpetuate in our teaching and practice and consider the impact this will have for all.

Thank you for the opportunity to share my ideas with you today, here are my references.

Powerpoint Slides



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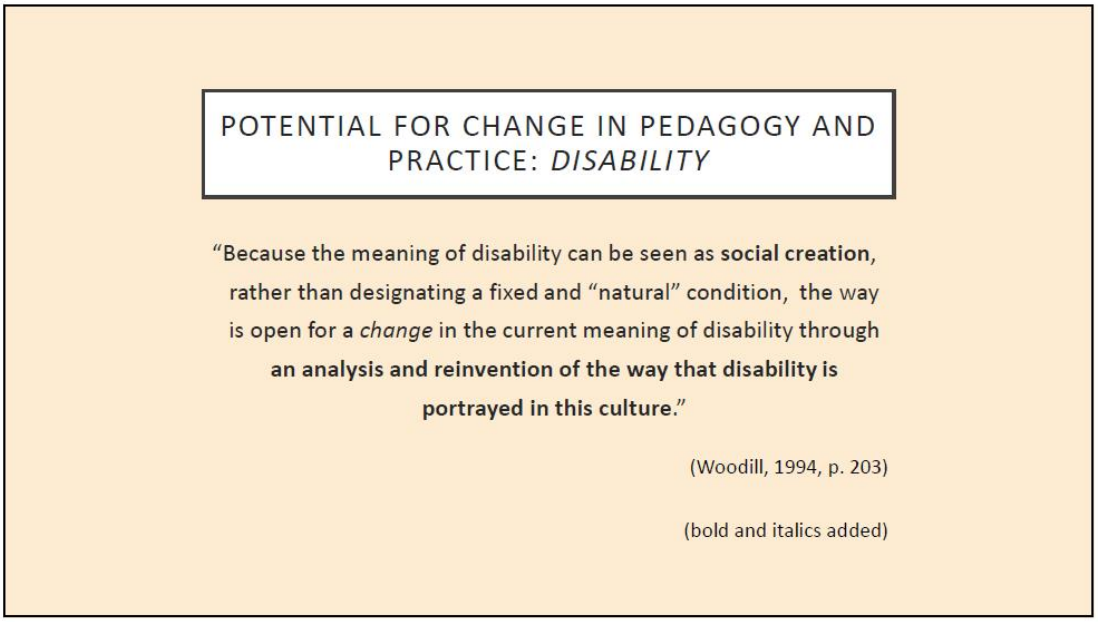


2

ARTS THERAPIES: MUSIC THERAPY

"Music Therapy is a systematic process of intervention wherein the therapist helps the client to promote health, using music experiences and the relationships that develop through them as dynamic forces of change."

(Bruscia, 1998, p. 20; cited in Edwards , 2016)

"Music therapy uses…the musical components of rhythm, melody and tonality to provide a means of relating within a therapeutic relationship. Music therapists support the client's communications with a bespoke combination of improvised or pre-composed instrumental music and voice, either sung or spoken."

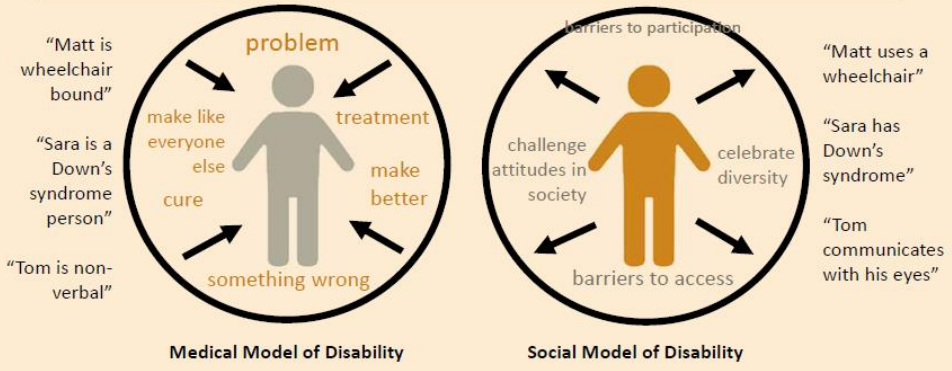
(BAMT, 2015)

3

PERSON-CENTRED APPROACH (ROGERS, 1959): MUSIC THERAPY, PEDAGOGY

4

PARADIGMS OF DISABILITY



Goodley (2017)

5

"BESTOWED KNOWLEDGE" (MOORE AND SLEE, 2012, P. 227)

6

SOCIAL CONSTRUCTION OF DISABILITY

"Because the meaning of disability can be seen as **social creation**, rather than designating a fixed and "natural" condition, the way is open for a change in the current meaning of disability through **an analysis and reinvention of the way that disability is portrayed in this culture.**"

(Woodill, 1994, p. 203)

7

HCPC ACCREDITED TRAINING COURSES IN THE ARTS THERAPIES

MA Art Psychotherapy and MA Music Therapy at University of South Wales

- 9 MA/MSc **Art Psychotherapy** programmes
- 7 MA/MMus/MSc **Music Therapy** programmes
- 5 MA **Drama Therapy** programmes
- 3 MA **Dance and Movement Therapy** programmes

8

PEDAGOGICAL IMPLICATIONS

- **Arts Therapies (MA Music Therapy, MA Art Psychotherapy) Curriculum**
  - Health Care Professionals Council (HCPC) Standards of Proficiency (HCPC, 2013)
  - Health Care Professionals Council (HCPC) Standards of Education and Training (HCPC, 2017)
  - QAA Benchmark Statement (QAA, 2004) 'Arts Therapies'
- **University of South Wales**
  - Academic Plan, Academic Blueprint
  - Assessment for Learning Policy
  - Immersive Learning Agenda
  - Student Experience Plan

9

HCPC SOPS, ARTS THERAPIES (HCPC, 2013)

5	**be aware of the impact of culture, equality and diversity on practice**
5.1	understand the requirement to adapt practice to meet the needs of different groups and individuals
5.2	understand the need to take account of psychological, social, cultural, economic and other factors when collecting case histories and other appropriate information
13	**understand the key concepts of the knowledge base relevant to their profession**
13.1	understand the structure and function of the human body, together with knowledge of health, disease, disorder and dysfunction relevant to their profession

QAA BENCHMARK, ARTS THERAPIES (QAA, 2004)

Specifically, difficulties that are frequently addressed by arts therapists are:

- mental health problems including those of psychosis, neurosis and behaviour disorders, for example, schizophrenia, bi-polar disorders, depression, post traumatic stress disorder, anxiety and panic attack dementia, personality disorders, offending behaviour, self-harm and eating disorders;
- learning difficulties that can be mild, moderate or profound, autism, Asperger's syndrome, ADHD;
- social deprivation and isolation due to imprisonment, confinement or social exclusion;
- medical problems such as cancer, HIV and AIDS, strokes and/or heart attacks, chronic pain;
- sensory and/or physical problems;
- stress, low self-esteem and emotional or social problems.

10

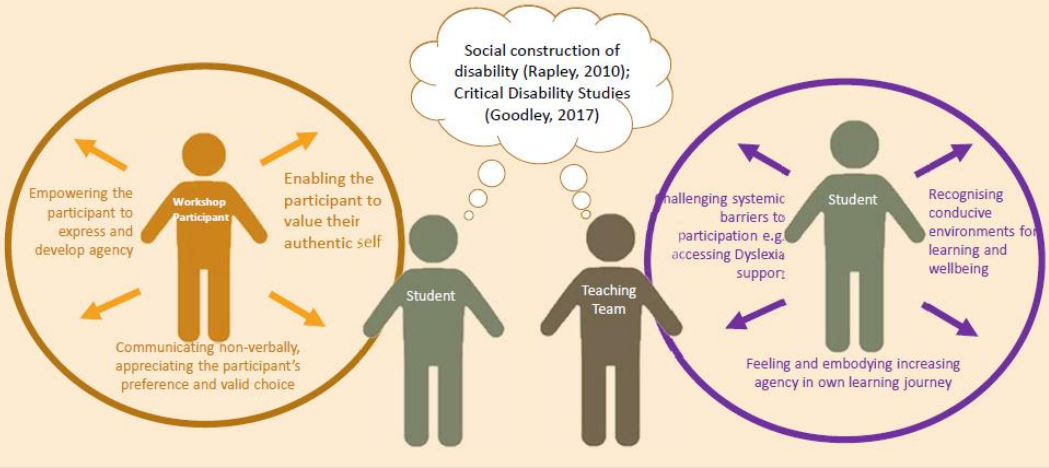
PILOT AND UNDERGRADUATE LEVEL:
NON-NORMATIVE PEDAGOGY ON
BA(HONS) CREATIVE AND THERAPEUTIC ARTS

- Critical Disability Studies perspective from the outset
- Anti-oppressive pedagogy (Beckett, 2015)
- Challenging "bestowed knowledge" about disability (Moore and Slee, 2012, p. 227) and enabling authentic learning to be facilitated by disabled workshop participants, as experts in their own experience (Lubet,
- Students encouraged to consider disability as socially constructed and thus to consider how they can empower disabled participants to recognise and remove barriers to participation

- **"Through teaching *with*, and *by*, rather than *about* [disability], we … may move beyond normalizing understandings and practices of inclusion, towards an expanded notion of professionalism"**
(Laes and Westerlund, 2018, p. 34)

11

POTENTIAL IMPACT OF NON-NORMATIVE CURRICULUM



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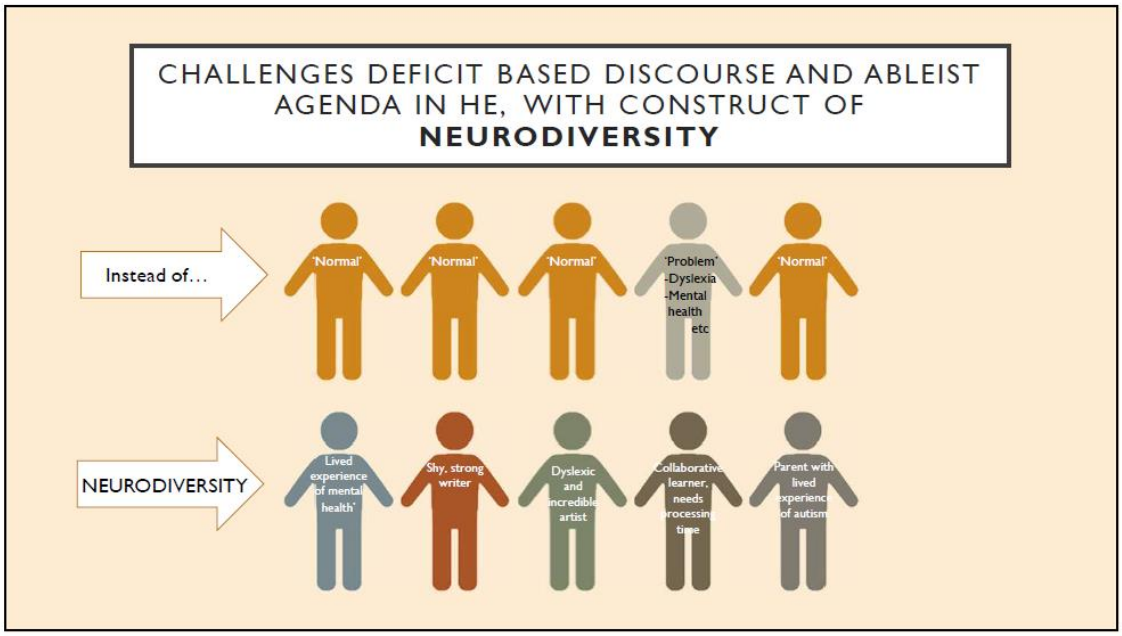
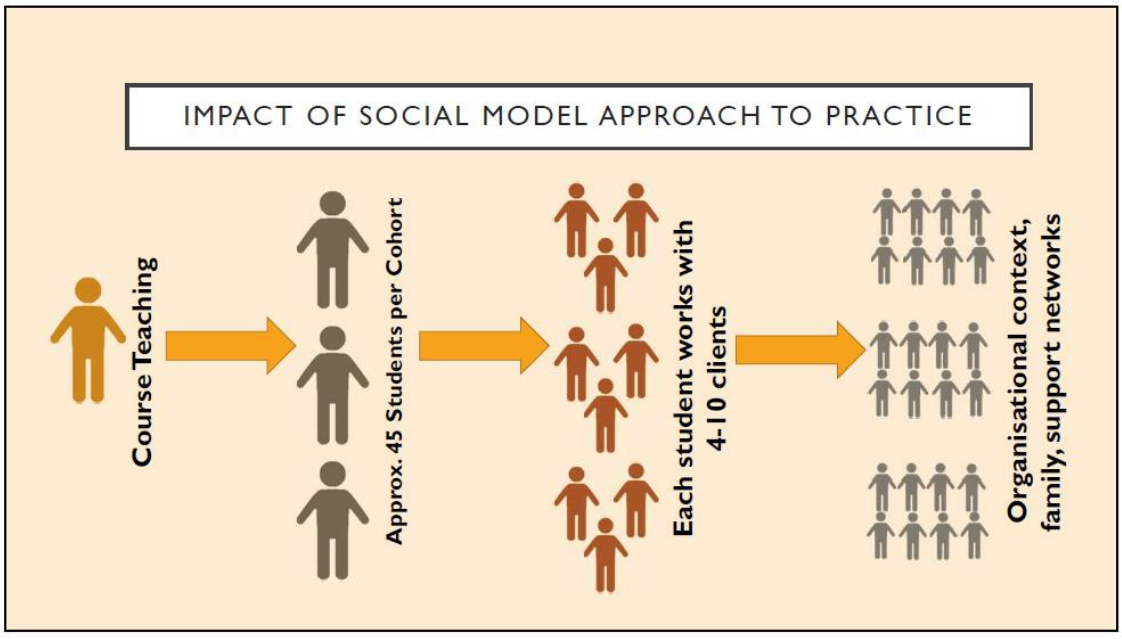

CHALLENGES DEFICIT BASED DISCOURSE AND ABLEIST AGENDA IN HE, WITH CONSTRUCT OF
NEURODIVERSITY
Instead of…
'Normal'
'Normal'
'Normal'
'Problem'
-Dyslexia
-Mental health
etc
'Normal'
NEURODIVERSITY
Lived experience of mental health'
Shy, strong writer
Dyslexic and incredible artist
Collaborative learner, needs processing time
Parent with lived experience of autism

13


IMPACT OF SOCIAL MODEL APPROACH TO PRACTICE
Course Teaching
Approx. 45 Students per Cohort
Each student works with 4-10 clients
Organisational context, family, support networks

14

SOCIAL CONSTRUCTION OF DISABILITY

- **The way the institution operates and the curricula it develops speaks of its interpretation of disability**
  - If one requires 'reasonable adjustment' to access provision (Equality Act, 2010), this perpetuates a normative model of education, from which those who are 'different' need additional support or 'differentiation' to be able to participate. Relying on 'others' to provide support for those who are disabled can perpetuate the 'othering' of disabled people.
- **The way we teach with / about / through disability speaks of our interpretation of disability**
  - If disability is referred to as a difference to which we provide pathologised approaches, this perpetuates the interpretation of disability as a medical, deficit-based construct
  - If a disabled person is only a patient and service user, never a lecturer or teacher or colleague, this perpetuates the hierarchy of knowledge within the academy
- **The language we use speaks of our interpretation of disability and contributes to the lived experience of disability**
  - If disability is used in the same phrase as illness, or is referred to as a disadvantage, this is how it may be perceived and experienced

15

NEXT STEPS

- Draw from disabled students' expertise
- Consider expertise in disabled citizens, teachers, lecturers, patients, parents
- Consider that some disabling barriers are systemic and not individual; how do we make the curriculum, environment and university experience more inclusive and accessible?
- Critically evaluate **the interpretation of disability we perpetuate in our teaching** and everyday language and consider the contribution this makes to the social construction and lived experience of disability for students, staff, service users and all citizens

16

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Appendix 14 - Vaguely Artistic: Disabled Musicians as Experts in an Inclusive Community Music Project in Higher Education, from a Social Confluence Perspective (Pickard and Dower, 2018).

- Full Academic Poster attached in PDF document.
- Full reference: Pickard, B. and Dower, T. (2018), 'Vaguely Artistic: Disabled Musicians as Experts in an Inclusive Community Music Project in Higher Education, from a Social Confluence Perspective' (Academic Poster), *Cripping the Muse: Music and Disability Summit*, Leeds University, UK, 4-5th July, 2018.

Vaguely Artistic: Disabled Musicians as Experts in an Inclusive Community Music Project in Higher Education, From a Social Confluence Perspective

Beth Pickard (Course Leader) and Tanya Dower (Graduate), University of South Wales
Photographs by Paul Stewart-Davies and Beth Pickard

This poster presents a project developed as part of a music module on a Creative and Therapeutic Arts degree, seeking to recognise the expertise of disabled musicians in preparing community musicians for professional practice (Lerner and Straus, 2006; Lubet, 2011; Lubet, 2014a), communicated through an experiential learning project design (Elflein, 2009; Mortimer, 2017). The existing members of inclusive punk rock band, *Vaguely Artistic*, were consulted by the artistic director to consider whether they were interested in engaging in a pedagogical collaboration. With the band's investment in the project, an organic framework emerged for a music student to become immersed in the work of the band and to become an honorary member for a semester. This pedagogical design draws from Lubet's (2014a) theory of social confluence, where the disabled musicians are recognised as authorities rather than service users through their specialism and insight in this particular domain, and this transforms their social role.

The university brief was broad and encouraged the student to develop her understanding of inclusive music practice through her lived experience of being a member of *Vaguely Artistic*. She was encouraged to explore a composition-based and arrangement-based activity with the group, in a collaborative and participatory context, as well as writing a critical reflection on this experience. The student's engagement in the rehearsal and creative process as well as her final performance was assessed. To accompany and contextualise the practical project experience, a series of theoretical seminars were taught where rich discussion was facilitated around contemporary theories of disability and popular music and the student was encouraged to critically consider how her lived experience related to these existing theoretical frameworks (Lerner and Straus, 2006; Waltz and James, 2009; Straus, 2011; Lubet, 2011; McKay, 2013; Howe *et al.*, 2016). The student, Tanya Dower's, perspectives are presented and explored below.

Essentially, I think, what working with *Vaguely Artistic* did as far as learning from the members of the group as the experts is concerned, was to **allow me to let go of any preconceived ideas about what an 'inclusive' music group should be**. It can be anything it wants to be. It can be music focussed, it can be disability focused, it can be activist, it can be socially cohesive…it can be fun!

"insider / outsider"

"disability / ability"

"amateur / professional"

Coming into the group with my own 'agenda' of achieving a grade and was mindful that there may be a structure of roles that each member had. I was eager to make a **positive impact** and **build relationships of trust**, while looking out for opportunities to join the creative process without being intrusive. I observed the loose, nonlinear style of contemporary popular music group practice (no scales or theory, no standardised way of learning) and subsequently could contribute to the **organic process of developing ideas in a free form improvisational way**. Listening to sounds made, suggestions from members for the structure and arrangements of a piece of music and absorbing how different members learned, retained and played their parts; **the experiential process allowed me to move through a series of dichotomies where I became more insider than outsider, more social/musician group member than academic, less negatively focussed on barriers and more positively focussed on empowerment**. Learning became a convergent two-way process, where we had the opportunity to negotiate those perceived dichotomies or opposing identities through musical and creative interaction.

Through these creative encounters, I really did feel a **shift in understanding and direction of identity**, not only my own but of my perception of those around me; a transference and countertransference of energy.

> **"Through teaching *with*, and *by*, rather than *about*,** we in music education may move beyond normalizing understandings and practices of inclusion, towards an expanded notion of professionalism."
> (Laes and Westerlund, 2018, p. 34)

The outcomes of the project were multi-faceted. There was significant learning from a pedagogical perspective about developing innovative assessment designs which enable authentic learning in context, but also the challenges of aligning this with university policies and expectations (Jung, 2011; Piacitelli *et al.*, 2013). The student remained as a permanent member of *Vaguely Artistic* and has since been performing locally and internationally with the group at a range of mainstream, inclusive arts and disability arts events. The student's critical reflection shared a wealth of valuable insights regarding her lived experience of working with *Vaguely Artistic*; namely of multiple dualities and dichotomies in her experiences. Dower (2016) insightfully discusses the duality of being disabled/non-disabled, outsider/insider, academic/social group member, and the negotiation of process/product and articulates with passion and insight the impact of learning from experts in their field.

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Appendix 15 - Undergraduate Creative Arts Students' Perceptions and Attitudes Toward Disability: Advancing a Critical Disability Curriculum (Pickard, Forthcoming).

- This paper is currently under review with the *Art, Design and Communication in Higher Education* journal.
- An earlier iteration of this paper was shared at the following conference, and the feedback and discussion shaped the subsequent submission:
  - Pickard, B. (2019), '"A Need to Be Understood": Students' Evolving Understanding of Disability Through an Immersive, Inclusive Arts Project' Conference Paper presented at FLSE Learning & Teaching Conference 2019, Pontypridd, United Kingdom, 4th July 2019.
  - Full reference: Pickard, B. (Forthcoming), 'Undergraduate Creative Arts Students' Perceptions and Attitudes Towards Disability: Advancing a Critical Disability Studies Curriculum'.

Undergraduate Creative Arts Students' Perceptions and Attitudes Toward Disability: Advancing a Critical Disability Studies Informed Curriculum

Beth Pickard

Abstract

This study reports on the unanticipated findings of a small scale, evaluative research project. Further to a pilot iteration, a cohort of undergraduate art students embarked on an immersive, inclusive arts project informed by a Critical Disability Studies lens. Students' beliefs and attitudes about disability were recorded at the outset and conclusion of the pedagogical project, through a qualitative questionnaire. Thematic Analysis was employed to surface patterns in the cohort's responses at both points in their learning journey. While the findings did evidence the anticipated shift from individualised perspectives about disability to an increasingly social, interactional perspective, the extent of the medicalised gaze and internalised ableism at the outset of the study was unanticipated. This realisation has been influential in

developing the pedagogical approach as well as the framing of the content taught, and has exemplified both the potential and the need to teach about disability and diversity through art.

Keywords inclusive arts, pedagogy, disability, higher education, participatory arts, discourse, anti-oppressive education, consciousness raising.

Introduction

This article discusses a pedagogical research project on the Creative and Therapeutic Arts degree at the University of South Wales, which includes in its recently revalidated curriculum an emphasis on Participatory Arts, Arts in Health, Inclusive Arts and Critical Disability Studies (Pickard 2019). Students often enrol on this degree with an aspiration to pursue Art Psychotherapy in the future but are often unaware of the richness of professions that the course will enable them to encounter (Swindells *et al.* 2016). Students graduate as Creative Arts Practitioners, a versatile title which enables employment in a wide range of contexts. Many students have applied their learning in an educational context, continuing to train as teachers, teaching assistants and artists in residence in educational settings. Others have chosen to apply their artistic skills in related professions, including nursing, Play Therapy, Occupational Therapy, support work and palliative care. Many other graduates develop portfolio careers, practising across disciplines and developing their studio practice.

Opportunities which students are often less aware of before they embark upon their studies are those in Participatory Arts (Matarasso 2019), Socially Engaged Art Practice (Helguera 2011), Arts in Health (Clift and Camic 2016) and particularly, Inclusive Arts (Fox and Macpherson 2015). These fields constitute the foundations of

the degree, and projects are developed in each of these subtly distinct areas to enable students to understand the potential to apply their artistic skills in a myriad of creative and applied contexts.

Drawing influence from my own research and practice in the field of Critical Disability Studies (Goodley 2017; Shilldrick 2020), a passionate aspiration of my teaching is to challenge the dominant discourse which sees disability as deficit, and enable an alternative, affirmative discourse to emerge. I passionately believe that this is not possible from a didactic, taught perspective and that I, as a neurotypical, non-disabled academic, am not an appropriate or capable facilitator of this learning (Greenstein *et al.* 2015). As such, enabling disabled artists, pupils, participants and stakeholders to be active contributors to undergraduate art students' education has been a central vision of my approach (Pickard 2019).

The following quotation by Laes and Westerlund (2018: 34, original emphasis) was highly influential in shaping and informing this research project and the wider curriculum, as it challenges a hierarchical, ableist mentality in the field of art education (Penketh 2016, 2020): 'Through teaching *with*, and *by*, rather than *about* [disability]**,** we in education may move beyond normalizing understandings and practices of inclusion, towards an expanded notion of professionalism.'

In my own research, emphasising this potential to 'learn *with*' and 'learn *by*' rather than 'learning ***about'*** disability has been central to advocating for social justice perspectives in Higher Education, and for enabling a rich learning experience when working creatively in the community, drawing from Kumashiro's (2000) typologies for anti-oppressive education.

It feels relevant here to concisely define both Disability Studies (DS) and Critical Disability Studies (CDS), to contextualize the discussion. Three central points of focus for the field of DS include the ideas that disabled people are marginalized and disadvantaged *by society*; that disabled people can be identified as a minority group; and that the construct of disability can be reconceptualised from a medical to a social issue, through the lens of the Social Model of Disability (Shakespeare and Watson 2001). Since maturing into the 1990s, first wave DS has been subject to much critique and evolution, including increasing demands for academic validity (Shakespeare, 2013); recognition and critique of gendered perspectives (Garland Thomson 2005), ethnicity (Stuart 1993), social class (Gallagher and Skidmore 2006) and sexuality (Liddiard 2018); the need to unpack ableism and Othering (Goodley, 2014) and potential for an increasingly interdisciplinary approach (Goodley 2017). This has led to increased plurality in DS and the advent of CDS as a postconventional approach to disability (Goodley 2012; Goodley *et al.* 2019; Shilldrick 2020).

CDS is described by Shilldrick (2020: 32) as adding ‘a new force to the theoretical impetus already at the heart of the social model [of disability], taking it in innovative directions that challenge not simply existing doxa about the nature of disability, but questions of embodiment, identity and agency as they affect all living beings.’ This exploration of not only *what* happens to those marked as Other in relation to normative boundaries, or *how* they are excluded or marginalised, but critically *why* is intended to unpack discourse as well as practice. This layer of criticality is particularly relevant to this study, in enabling students actively involved in activism in other aspects of intersectionality to relate and empathise with the Disability Rights

Movement and the often-unexamined prejudice of ableism (Baglieri and Lalvani 2019).

This project developed from a pilot iteration, which provided anecdotal evidence of a transformative impact on students' attitudes about disability through undergraduate art education. Therefore, this small-scale research project was established to gather tangible, evaluative data about students' experiences. This brief study was initially intended to inform curriculum development. However, the findings provide insight which may be of relevance and value to a wider audience.

Literature Review

To inform both the recent curriculum validation (Pickard 2019) and the evidence-based design of this project, a literature review was conducted to understand the potential impact of incorporating a CDS perspective into undergraduate art education. It is difficult to find direct parallels to this unique programme, however research into undergraduate art education in general was sought as a relevant, feasible comparison. Keywords such as 'art', 'disability', 'disability studies' and 'ableism' were used through the university's search tool to find relevant sources. A brief synthesis of the research identified is discussed as a context to this study.

The literature review demonstrates that in enabling students to develop understanding and insight into the construct of disability, different pedagogical approaches have been pursued across the sector. Examples of a simulation approach include McDonagh's (2015) work on 'empathic modelling' at the University of Illinois, where a range of low-technology materials were used to stimulate impairment for students. In being mindful that the disabled community report the

potential of simulation activities to reductively over-simplify the experience of disablement (French 1992; Young 2006; Hale *et al.* 2013), simulation of this kind was not deemed the most appropriate focus for this project.

Claire Penketh's work significantly influenced the approach to this project, enabling meaningful application of DS principles to the art education context. Penketh (2014, 2016) challenges the established body of literature in art education for a distinct lack of focus, consideration and representation of disability, with concerns about the range and types of discourses identified. Like Penketh (2020) and Giebel-Gamal and Matos (2017: S2022), this programme contests that 'students should be given a thorough grounding in the social model of disability as a transformative means to counter the pervasiveness of the medical and personal tragedy models or common-sense understandings of disability'.

Echoing Matthews' (2010) approach of integrating disability into drawing experiences has been successful in enabling students on this programme to consider impairment and disability in different elements of their artistic experiences, including life drawing. Further, Osborne, Luby and Fogarty's (2014: 59-61) discussion of incorporating accessibility considerations and DS into exhibition design has been influential on modules of this programme which teach creative access, and value disability as 'a creative and generative force', reframing a deficit model and entering 'deeper into the disability discourse'.

Alice Wexler authored multiple seminal publications of relevance, including a collaboration (Wexler and Luethi-Garrecht 2015: 15) in which the authors asks:

> What can be done to offset inequality in an art classroom meant to be inclusive but often remaining uninviting, inaccessible, and exclusive? How

might attention to the design of the human-built environment and diverse modalities democratize an art room of students who have different ways of knowing?

Keifer-Boyd *et al.* (2018: 267) bring a CDS perspective to the discussion in their suggestion that 'in art education, the purpose of disability justice is to challenge the reliability of categories and definitions of disability'. In actualising this vision, they advocate that 'a more democratic and productive notion of inclusion must include the perspectives of disabled people in curriculum through art, narratives and terminology that convey inclusion as equal, not 'special'' (Keifer-Boyd *et al.* 2018: 268). This gives a focus to DS/CDS-informed curriculum design in terms of active collaboration with disabled people, inclusion of disabled artists' work and consideration of the language and terminology included in module content. Keifer-Boyd *et al.* (2018: 269) conclude that 'the inclusion of such perspectives embodies a disruptive potentiality… reframing limiting perspectives that contribute to the marginalisation of disabled experience'.

John Derby authored multiple articles of relevance, but a study of significance discussed how CDS pedagogy was integrated into two art education courses for preservice art teachers at the University of Kansas (Derby 2016). His research question ('How do pre-service Art Education students understand and conceptualize disability?') was highly applicable to this study, and the methodological approach of administering 'attitudinal surveys' before and after the project also informed the methodology of this study. Derby (2016) identified, through triangulation of three forms of data, that having explored ableism in taught and applied contexts, students were able to identify the two core features of ableism, as defined by Kumari-Cambell (2009): (1) the notion of the normative and normate individual, and (2) the

enforcement of an able/not-able constitutional divide. Students' attitudes about disability changed significantly through the project. While Derby (2016) is open about the limitations of the homogeneity of his sample, and the fact that students were taught about ableism and CDS largely from a theoretical stance in a classroom context, this research critically informed the development of this project. The theoretical nature of Derby's (2016) project is a dimension which Laes and Westerlund (2018) sought to address in their project with Finnish undergraduate special education students.

Potentially the most influential study for this project in terms of its philosophical underpinning and practical approach was that of Tuulikki Laes and Heidi Westerlund (2018). In this study, musicians with learning disabilities conducted workshops for special education students at the University of the Arts Helsinki, challenging 'the hierarchical practice-model and ableist discourses that have thus far pervaded music teacher education, through a reconceptualization of expertise' (Laes and Westerlund 2018: 34). This notion of bringing the expertise of disabled individuals into the teaching arena was a powerful alternative to the inauthenticity of a non-disabled lecturer perpetuating 'bestowed knowledge' (Moore and Slee 2020: 267) about the construct of disability: a sadly common scenario in light of the significant lack of disabled academics (Brown and Leigh 2018; Saltes 2020).

The richness of this relatively small sample of literature discussing integration of DS/CDS into undergraduate art education shaped the philosophical, theoretical and methodological approach of this study.

Methodology

The intention of this study was to capture small-scale, reliable data which evidenced the transformative experience students had anecdotally reported in a pilot project. The absence of designated funding for this research meant that a feasible approach was required. Ethics approval was provided by the university's Faculty Ethics Committee and the ethical principles of BERA (2018) adhered to.

Methods: Data Collection and Data Analysis

Since the aforementioned transformational impact on perceptions was anecdotally reported in a pilot study, an interpretivist ontology and social constructivist epistemology was deemed appropriate. In contrast with Derby's (2016) use of The Beliefs About Disability Survey, an adaptation of the Attitude Toward Disabled Persons Scale (ATDP) (Yuker, Block, and Younng 1970), this study utilized a mixed-methods approach. This included the wider CDS-informed, inclusive arts curriculum, as well as a qualitative, pre- and post- questionnaire. While Derby's (2016) study generated interesting quantitative data, there are critiques about the ATDP's applicability when used by disabled and non-disabled participants (Hulgin *et al.* 2011) which was highly relevant with the group of students in this cohort, a relatively high percentage of whom identified as experiencing disablement. Therefore, a brief, qualitative questionnaire was developed and administered to students before and after engagement with the inclusive arts curriculum during their first term at university (see Appendix 1). The first questionnaire was completed during the students' first class: this was intended to capture a baseline measure of their attitudes and perspectives before engagement with the curriculum. The second questionnaire was administered following the conclusion of the CDS-informed curriculum and inclusive

arts project, twelve weeks later. The questionnaires were analysed utilising the six reflexive phases (Braun *et al.* 2019) of Thematic Analysis (Braun and Clarke 2006) to identify emerging themes in both data sets for comparison. Written questionnaire responses were coded and reduced to key themes, as outline in Tables 1 and 2. Since the questionnaires were returned anonymously, no correlation between individual pre- and post- responses were considered, rather the perceptions of the cohort, before and after engaging with the curriculum, were the focus. While the students did create accessible puppets (see Appendix 2), art workbooks, essays and portfolios of documentation as part of their learning, this analysis focuses solely on the qualitative, pre- and post- questionnaires. This was intended not to put additional pressure on the students' academic work in their first term at university by scrutinising it for research purposes. The study could be developed to analyse these elements. This would overcome the limitation of the questionnaire whereby students may have reiterated their learning from the lectures and readings, rather than more honestly reflecting on their experiences of engaging with disabled people.

Sample

The sample comprised of twenty-one, first year undergraduate Creative and Therapeutic Arts students. Twenty of the students identified as female, one identified as male, and ages ranged from eighteen to fifty-eight. Students had a range of learning needs, strengths, preferences, impairments and disabilities, evidenced through formal university processes and discussed with the lecturer during the module delivery. There may have been students who had not discussed their specific learning needs or experiences with the lecturer, too.

CDS-Informed Pedagogy: The Inclusive Arts Curriculum

The cohort embarked upon an immersive, CDS-informed, inclusive arts curriculum in their first term of study. This included exploration of different approaches to professional practice in the community, namely Inclusive Art (Fox and Macpherson 2015), Disability Art (Kuppers 2014) and Participatory Art (Matarasso 2019). There was also a distinct CDS dimension, exploring how students understood the construct of disability, and focused teaching around the constructs of ableism (Kumari-Campbell 2009) and privilege (Hadley 2013). These aspects were delivered through interactive lectures, directed readings, seminar groups and creative arts workshops. Hadley's (2013) work introduced an intersectional dimension, inviting students to critical reflect upon multiple aspects of their identity and privilege, advancing the DS agenda into CDS territory. DS and CDS literature were embedded throughout the (Baglieri *et al.* 2011; Mallett and Runswick-Cole 2014; Kuppers 2014; Goodley 2017; Baglieri and Shapiro 2017; Iannacci 2018; Solvang 2018).

Alongside the lecture and workshop series, students were involved in a four-week placement experience in collaboration with four local schools where they applied their evolving learning and critical reflections to real world scenarios: enabling 'live work with theory to more fully appreciate its application' (Penketh 2020: 24). Each week, students would plan, deliver and evaluate an inclusive arts workshop, where school pupils were collaborators in the design and co-construction of an accessible puppet (see Appendix 2). The students also collaborated with disabled and non-disabled cast members of a local inclusive theatre company (Hijinx Theatre 2020), who puppeteered the puppets in a public-facing performance at a prestigious national arts venue. Critically, students were enabled to learn about disability from experts with lived experience, in the community, through engaging in creative processes as well as knowledge construction through discussions and workshops.

Further, students engaged in a module where they learned the skills necessary to design and construct accessible puppets (Klee 2007; Baker 2012), as well as methods of engagement and facilitation (Smith 2009; Bishop 2012). This module was assessed by the outcomes of the puppets themselves (see Appendix 2), and the extent to which they reflected collaboration with the school pupils, as well as an art workbook which documented each individual student's process (Davies and Pickard 2019). A portfolio of planning and evaluation for the workshop series was also assessed, as well as an essay about the relevance of paradigms of disability to inclusive arts practice (Baglieri and Shapiro 2017) which evidenced students' engagement with the CDS curriculum. As noted, these elements weren't included in the analysis for this study, partially due to the feasibility of this small-scale research, and partially to avoid putting additional pressure and scrutiny on students' first pieces of assessed, academic work.

The design of the project intended to draw from Derby's (2016) CDS curriculum with its theoretical teaching about ableism and Laes and Westerlund's (2018) emphasis on the expertise of disabled people. However, the latter was taken a step further by decentring the learning experience from the classroom, and acknowledging the legitimate peripheral participation could occur when disabled school pupils and disabled actors were enabled to shared their lived experiences in meaningful, creative ways as part of a community of practice (Patel 2018). A balance was sought between examining philosophical and theoretical ideas on campus, through creative media and within the safety of the group, and enabling applied learning in the community, informed by engagement and creative connection with disabled people. These are the pedagogical experiences that students were immersed in between the completion of the first and second questionnaire.

Results

Of the cohort of 21 students, 71 per cent completed the first questionnaire and 57 per cent completed the second questionnaire. It is not known whether the respondents were the same in both questionnaires. Once the data were collated, the reflexive phases of Thematic Analysis were followed: familiarisation with the data, coding, generating initial themes, reviewing themes, defining and naming themes, writing up (Braun *et al.* 2019). This process is summarised in Tables 1 and 2. Data from the first questionnaire generated four themes: problems, difference or comparison, reliance on others and uncertainty. In contrast, findings from the second questionnaire generated four distinct themes: attitudinal barriers, balanced perspectives, separating disability and impairment and questioning of the defining nature of the construct of disability. Each theme will be presented in turn, with evidence of students' quotations relating to the given theme.

Table 1 – Visual Illustration of the Coding Process of Questionnaire 1 which Yielded Four Key Themes

Questionnaire 1			
Themes			
Problems	Difference or Comparison	Reliance on Others	Uncertainty
Codes			
Restrictions, difficulties, negative, disadvantage, problems, limitation.	Difference, more, abnormal, comparison to 'norm'.	Help, support, assistance, others.	Unsure, spectrum, problematic question, label, transient.
Quotations			
'limit or change the extent to which they can engage with activities' 'everyday tasks are challenging' 'day to day life difficult or not possible' 'affects quality of life' 'something someone is unable or struggling to do' 'an individual who does not have full ability' 'restricted' 'inability to carry out normal tasks' 'disability is a disadvantage' 'difficulty to interact or communicate with others' 'struggling with education' 'something negative' 'being prohibited'	'difference in how someone lives' 'taking more care' 'thinking about everything more carefully' 'adapting anything to fit' 'help to stay on the same wavelength' 'everyone sees you as different' 'out of the norm' 'unable to function normally' 'can't do the same activity someone without a disability can do' 'inability to function as someone who is without a disability' 'different from other people' 'unfairly marginalised or excluded from the mainstream'	'extra support' 'additional learning support' 'physical support' 'with the help of others' 'assistance from someone else' 'extra support' 'prevents you from leading a life without assistance' 'need support' 'extra help with everyday tasks' 'need to be taken care of in their own way' 'need tools to make things accessible' 'extra care/help to achieve goals' 'with support they won't be disabled'	'find the word strange' 'label is so broad' 'unknown or obvious' 'extra help but not incompetent' 'very subjective question' 'label comes with issues' 'spectrum' 'definition changes over time' 'something I have to be open minded about' 'broad term'

Themes from Questionnaire 1

Problems

In the first questionnaire, the language used to discuss the construct of disability positioned it as a problem. This included ‘limiting the extent one can engage with activities’, ‘makes day to day elements of life difficult’, ‘affects quality of life’ and ‘unable or struggling to continue life as expected in today’s society’. While the acknowledgement of a societal expectation could be constructive here, the positioning appears to focus on the individual rather than the expectation. Other definitions included ‘someone who does not have full ability’, ‘someone who is affected by deformity’ and ‘someone who is restricted and unable to function normally’. Some students used overtly negative language such as ‘a disability is a disadvantage’ or ‘disability feels to me to mean something negative’, while others focused on permanence: ‘disability is something a person is born with and cannot change’.

Difference or Comparison

A clear theme was the tendency to use a comparison to define disability. This included discussion of ‘norms’ and ‘expectations’ not being met, as well as more implicitly that ‘things are more difficult’ for disabled people. One student used difference to define disability as ‘a physical or mental difference’, whereas another emphasised difference by stating ‘disability is someone who needs the extra support in their lives just to stay on the same wavelength as everyone else.’ The wording here is powerful as there is a suggestion that ‘everyone else’ is non-disabled, and that the disabled person is the clear minority, compared with the dominant group. A

similar sentiment is seen in this response: ‘A disability is an inability to function as someone who is without a disability’.

One student thought more about perceptions, noting ‘everyone sees you as different and society makes you feel less a person compared to everyone else. Make you feel out of the norm’. This positioning is subtly distinct, suggesting that it is society who holds and imposes this opinion, rather than necessarily the author of the definition. The student is potentially positioning themselves within this response too by using the second person point of view (‘you feel’). Another student concurs that ‘no-one deserves to be an outsider’, and yet the inclusion of this sentiment suggests that perhaps this is the experience of some disabled people. ‘Society favours able-bodied people’ was an insightful comment, which doesn’t overtly support this position, but notes that perhaps there is a ‘norm’ or accepted discourse which differentiates between disabled and non-disabled people.

Reliance on Others

Examples of students equating disability with reliance on others included comments referencing ‘help’ in various contexts. Several students suggested ‘need for extra support’, ‘help for getting about one’s day to day activities’, ‘with help of others’ and ‘requiring assistance from someone else’. A strong statement included: ‘Disability is a state and/or condition that prevents an individual from leading their life without assistance’. This suggests that, to this student, reliance on others was the sole definition of disability. Another student suggested that disabled people ‘need to be understood and taken care of’, suggesting an element of understanding and awareness, coupled with reliance and dependence. These comments appear to suggest that students perceived disability to be antithetical to independence.

Uncertainty

Particularly in this first questionnaire, some students were openly uncertain and unconfident in their definitions. One student challenged the question, stating ‘this is a very subjective question’. Another student suggested ‘the definition changes over time’ and did not commit to a current or personal understanding. One student noted ‘the label “disability” is so broad, can go completely unknown to some people or can be very obvious’, suggesting definitions might be different depending on contexts and situations. A suggestion is made about one student’s positioning: ‘disability means to me something I have to be open minded about’. This is interesting since the student focuses on themselves as having potential to determine the definition and response, rather than focusing on an individual or deficit.

Aside from the aforementioned themes, there was one response which did acknowledge a social model perspective, including comments such as: ‘There are a lot of stereotypes surrounding specific disabilities’ and ‘attention from others and/or the media can have more of an effect that the disability itself’.

Table 2 – Visual Illustration of the Coding Process of Questionnaire 2 which Yielded Four Key Themes

Questionnaire 2			
Themes			
Attitudinal Barriers	Balanced Perspectives	Separating Disability and Impairment	Questioning of the defining nature of the construct of disability
Codes			
Societal issue, perceptions, enacted by others, attitudes, perceptions.	Individuality, multiple perspectives, individual difference, diversity.	Impairment, individual and societal, contextual, social model.	Intangible, challenge to question, spectrum.
Quotations			
'prejudicial treatment by others, being excluded from society' 'society's expectations' 'depends on how the disability is perceived' 'unable to do something to "social standards"' 'feel left out because of societal constructs' 'disability might affect an individual due to how society handles it' 'it's society's response that causes the effect' 'discrimination, judgement' 'unable to participate in activities according to culture or society'	'each person is an individual' 'can become part of a person's identity' 'medical or physical condition a person may have but doesn't define them' 'disability or not, some may need more attention than others' 'we are all equal and have different needs' 'inclusive practice should be available for everyone'	'physical or mental impairment or society's expectations' 'unable to participate in society due to impairments without adjustments being made' 'an environmental or individual factor' 'disability is a label created by the medical model for someone with an impairment' 'when someone is excluded from things because of their impairment' 'disability is a result of not receiving the right type of support'	'disability doesn't mean a lot as a person doesn't need to be defined by it' 'rephrase the question to "what *can* someone do?"' 'depends whether focus on what you can or cannot do' 'disability does not have a strong meaning' 'we are all equal' 'there's a large spectrum, so we shouldn't stereotype'

Themes from Questionnaire 2

Attitudinal barriers

After studying the CDS-informed inclusive arts curriculum and engagement with disabled actors and pupils, several students discussed the potential of attitudes to be disabling. Examples included: ‘Disability is any person who experiences prejudicial treatment by others owing to perceived or real cognitive or physical impairment’ and ‘it might make someone feel left out because of societal constructs like segregation’. Another student suggested ‘discrimination […] not being understood, difficulty […] judgement’ was what disability meant to them. The term ‘discrimination’ was repeatedly highlighted, as well as the notion of ‘being left out of social events’ which could be interpreted to be a result of attitudinal barriers, and a product of the bias of an ‘able-bodied society’.

Balanced Perspectives

Many students provided a more balanced perspective in the second questionnaire, with some mentioning a ‘spectrum’ and others discussing ‘a case-by-case basis’. One student noted that ‘disability can be owned by an individual and become part of their identity in a way that they are proud of, or it can be […] something that, although not negative, they do not wish to be defined by’. Many students referenced disability as residing within ‘mental and physical impairments’ as well as within ‘buildings’, ‘environment’ and ‘accessibility’. There was a suggestion here that it was the interaction between an individual and their context which might result in disablement, as opposed to a predisposition to deficiency based in individual experience. Another student noted that ‘disability is when an individual is unable to participate fully in society due to impairment because adjustments have not been

made'. This shows an awareness that while impairments may exist, disablement could be a product of the social or physical context. Many students also commented that there was 'no inevitability' that an impairment should be 'debilitating'.

Separating Disability and Impairment

This theme reflects some of the taught content through the lecture series, and perhaps evidences a tangible learning point that students had internalised at this stage in their learning journey. A limitation of the questionnaire is that students may have been repeating theoretical content without full understanding. Many students used the word 'impairment' in the second questionnaire. For example, one student states: 'Disability may affect someone in the way that they are excluded from certain things because of their impairment.' Another student notes: 'Disability is a physical or mental impairment. It doesn't necessarily mean that they aren't able to do things an able-bodied person can. But that they might be restricted in doing so, by society.'

While some students had not fully grasped the language of impairment and disablement, there is a sense of this meaning in the following extract: 'If society provided options for all disabilities, then it shouldn't have an effect. It is society's response that causes the effect.' Here the student appears to be suggesting that responsibility for inclusion resides at a societal level, and equally that disablement resides within societal structures rather than within individuals. Another student concurred: 'I don't believe a disability is a disadvantage. I believe it is how we treat people with a disability. If we had universal designs and supported [disabled people] the way they need, they would not have a "disability".'

Questioning the Defining Nature of the Construct of Disability

It was interesting that in this final questionnaire, some students chose to challenge the research question around defining disability. One student stated: ‘it depends how the disability is perceived’, suggesting that different people might have different definitions; while another student stated that: ‘it doesn’t define a person’ and ‘to me disability does not mean a lot in the sense that a person does not need to be defined by it. Each person is an individual. However, if a person does define themselves by their disability then that’s fine.’ This showed an emerging engagement with the CDS position and challenging disabled/non-disabled as binary categories.

Discussion

While Derby (2016) noted a relatively positive result at the first data collection point using The Beliefs About Disability Survey and a 38 per cent increase in positive scores at the final data collection point, the results in this study present a different position. The transformational experience anecdotally reported by students in the pilot iteration was reflected in this cohort, with a significant shift in the language and attitudes in the second questionnaire in comparison with the first. As is noted in the Results section, the focus appeared to have largely moved from an individual, deficit-based narrative of disability to an increasingly social model, affirmative interpretation which more highly considered environmental, attitudinal and systemic dimensions of disablement (Goodley 2017). While this affirmed that to a large extent, the CDS-informed inclusive arts curriculum had achieved the desired outcomes, there remain several important points for discussion and critical reflection.

Extent of Internalised Ableism in Initial Data

A difference between this and Derby's (2016) study was the extent to which students displayed internalised ableism and offered deficit-based interpretations of disability in the first questionnaire for this study. It is possible that the open, qualitative focus of this study enabled more honest responses in the first questionnaire, giving insight into students' honest attitudes before engaging with this field, potentially for the first time. The notion of perceiving disabled people through a medicalized gaze is widely discussed (Kumari-Cambell 2009), positioning disability as deficit in the disabled individual as opposed to misinformed assumptions in the non-disabled 'viewer'. The results of the first questionnaire evidence and exemplify the need to challenge existing discourses of disability in art education and practice (Penketh 2014, 2016, 2020) and support the inclusion and advancement of a CDS-informed curriculum.

Educator Assumptions

In approaching this study, I had assumptions that students were already committed to working inclusively and had some of the necessary attitudinal attributes to engage with CDS perspectives. Despite aligning my own research and practice with CDS, the extent of students' medicalized gaze was striking, and signalled that some of the teaching was commencing from too advanced a position. As Young (1990: 155) notes, 'a strategy of consciousness raising presumes that those participating already understand something about how interactive dynamic and cultural imagery perpetuate oppression and are committed to social justice enough to want to change them.' While students were arguably committed to social justice by their enrolment on a programme which held this as a primary agenda, students did not have sufficient understanding of oppression and needed further exposure to Kumashiro's

(2000) initial typologies of anti-oppressive education, including Education *About Other,* before they were in a position to progress to Education *That is Critical of Privileging and Othering.*

As my research and passion in this field continues to develop, this was a vital reminder that this topic remains unknown and revelatory to many undergraduate students as well as the wider public. This has been a critical realisation in my own pedagogical development.

Student Aspirations

It is relevant to note that these are the perspectives of students applying explicitly to work in the field of inclusive arts. This made me consider what the attitudes of students not actively seeking to work in this field might be. What might a similar study with Mathematics students show? Or Business, English or Engineering students? While their degree studies might not overtly involve engagement with disabled people or CDS theories, their professional career *will* involve engaging with disabled colleagues, stakeholders, customers, service users, suppliers or consumers with potential for empowerment and disablement. Treby, Hewitt and Shah (2006) give an excellent example of a DS-informed Geography curriculum. As such, could there be value in exploring a CDS-informed curriculum element in all subject areas (Hale *et al.* 2013) to ensure that future generations of graduates understand the richness, value, diversity and barriers faced by the disabled community?

Longevity and Sustainability

Since the questionnaire was conducted immediately following the public performance which concluded the CDS-informed, inclusive arts curriculum, students were likely in celebratory spirits and still actively reflecting upon their experiences.

The affirmative, social justice perspectives could reflect the impression that this experience had in the moment and the immediate impact after a long, first term at university, studying a new subject. What is unknown, is whether the shifting perspectives about disablement will continue to influence students' practice throughout and beyond their degree studies. A valuable addition to this study would be to revisit these ideas later in the course and beyond graduation through a longitudinal study, capturing similar attitudinal qualities over time as students' careers develop and exposure to CDS might diminish.

In addition, it is possible that students were responding to experimenter effect in that they had an awareness of the researcher's intentions from reading the consent form and information sheet. A potential solution to this possibility would be to follow Derby's (2016) example and to include the student's artworks and the creative outcomes of the project in the analysis. This would offer opportunity to triangulate and to consider whether the reported attitudes were congruently reflected in students' practices, or whether students were merely reiterating the material they had been learning about in class and through reading materials. The rationale for not including these dimensions for analysis in this study related to the time scale available for the research, as well as not wanting to put unnecessary pressure on the students' academic work during their first term of university study. A longer term and potentially more in-depth study is needed to consider whether this approach can provide an internalised and lasting impression on the attitudes and critically the practices of graduates and artists more widely.

Relevance of Approach

The findings of the initial questionnaire demonstrate the extent that education, media and society continue to perpetuate a deficit-based interpretation of disability, as is discussed by many authors (see Baglieri and Shapiro 2017). The findings highlight the need and impact of a CDS-informed curriculum, and a social justice agenda in art education and Higher Education. It is also relevant to consider how the wider university community and sector portray and perpetuate constructions of disability (Pickard Forthcoming), and whether the students' learning on this project may be countered or compounded by negative experiences relating to diversity and disablement in the Higher Education context.

Conclusion

The intention of this study was to present some tentative, evaluative evidence of the impact of a CDS-informed, inclusive arts curriculum on students' attitudes and beliefs about disability. The provision of a CDS-informed curriculum and an opportunity to learn *with* and be taught *by* disabled people in the community (Laes and Westerlund 2018) sought to raise students' consciousness of the potential inaccuracy of their 'bestowed knowledge' of disability (Moore and Slee 2020: 267). The project did achieve the intended outcome of challenging assumptions and misinformation about disability by coupling theoretical and political learning through CDS with time spent in the community with disabled people. However, the extent of students' medicalized gaze and deficit-based constructions of disability at the outset of the study is highlighted as a stark reminder of the need for this emphasis in the curriculum (Young 1990; Beckett 2015).

This has enabled deep reflection on my own assumptions about students' knowledge and attitudes about difference upon entering the programme. The findings also demonstrate the complexity of CDS theory and its novelty to undergraduate students. While DS and CDS both shaped the curriculum, the results of the second questionnaire appear to focus primarily on DS and the Social Model of Disability, and don't deeply consider more challenging aspects of CDS such as intersections of race, gender and other identities in the disabled community. One aspiration of CDS is to reject conventional binary thinking about disabled and non-disabled categories (Shilldrick, 2020), and this was not wholly reflected in the students' responses. Even in the second questionnaire, there is potential that students identified disabled people as a homogenous group, which is antithetical to the agenda of CDS. This suggests that there is a need for a scaffolded, paced and sustained DS and CDS focus throughout the students' studies if the critical nuances of CDS are to be fully understood and applied. Recognition of the extent of students' medicalized gaze in initial responses provides a strong rationale for extending the reach of DS and CDS influences in this visual arts curriculum. As Penketh (2020: 24) notes:

> There are observable gains for pedagogic practice in art when norms concerning the nature of educable bodies are questioned and used as a resource to inform and enhance curricular. This demands the development of counter narratives that can challenge typical expectations regarding the ways in which learning takes place in art. It is at the level of local and particular interventions, that such narratives might emerge, enabling the promotion of expansive definitions of pedagogic practice by promoting an overtly anti-ableist understanding of the pedagogic subject.

While the extent of students' embodiment of CDS perspectives in this short study was limited, their existing understanding of diversity has been disrupted and problematised, hopefully 'reframing limiting perspectives that contribute to the marginalisation of disabled experience' (Keifer-Boyd *et al.* 2018: 269). Further research is needed to understand whether the reported paradigm-shift is sustained and applied in graduates' practice in the longer term. It is hoped that this small-scale study provides evidence for the need for consciousness raising approaches in art education and Higher Education (Pickard Forthcoming), enabling students to critically interrogate their assumptions about diversity. This study seeks to challenge the hierarchy of knowledge in academia (Dolmage 2017) to prioritise and privilege the valid expertise of disabled people in educating future generations.

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Appendix 1 – Questionnaire Questions

1. *Please provide a definition of* disability, *as you currently understand it.*

2. *What does* disability *mean to you?*

3. What is your current understanding of how disability might affect an individual?

Appendix 2 – Outcomes from the CDS-Informed, Inclusive Art Project

Figure 1 – Jonathan Dunn, Wolf Puppet Created by University Students and School Pupils, Puppeteered by Inclusive Cast, 2018, Digital Photograph

Figure 2 – Jonathan Dunn, Witch Puppet Created by University Students and School Pupils, Puppeteered by Inclusive Cast as Integrated British Sign Language (BSL) is Performed, 2018, Digital Photograph

Figure 3 – Jonathan Dunn, Ugly Stepsisters and Wise Woman Puppets Created by University Students and School Pupils, Puppeteered by Inclusive Cast, 2018, Digital Photograph

Appendix 16 - Collective Responsibility for Notetaking in Higher Education: Unanticipated Outcomes from a Pedagogical Research Project (Pickard, 2020).

- Full article available at: https://infonomics-society.org/wp-content/uploads/Collective-Responsibility-for-Notetaking-in-Higher-Education.pdf
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Collective Responsibility for Notetaking in Higher Education: Unanticipated Outcomes from a Pedagogical Research Project

Beth Pickard

Abstract

This pedagogical research project sought to address the challenge disabled students reported in acquiring specialist provision in the first term of university study. The time taken to establish specialist provision has historically affected students' attainment and wellbeing. This project aimed to provide an accessible technological provision to all students through an online notetaking platform. Following ethical approval, an online platform was embedded within the virtual learning environment for students to upload their notes from an undergraduate module where they received tuition in note-taking strategies. A mixed-methods Questionnaire and Focus Group evaluated the project. Findings were analysed using descriptive statistics and Thematic Analysis. There was very limited engagement with the online platform. It was assumed that the provision was inaccessible, not of interest, or not relevant. However, the qualitative data demonstrated that students had developed a commitment to sharing their notes but had chosen a social media platform over the intended academic portal. Other insightful outcomes included students' attitudes

towards others and students' lack of confidence. This project emphasises the responsibility of educators to consider the accessibility of provision; nurturing awareness of others' learning and developing an inclusive course community, embedding technology-enhanced learning and social media in higher education.

1. Introduction

The UK Higher Education (HE) sector is currently exploring reforms to the Disabled Students' Allowances' (DSA) [1], to critical reception [2, 3]. Martin et al. [3] summarise the intentions of these activities as "embedding inclusive practice to reduce the requirement for individualised reasonable adjustments" (p. 6), transferring many responsibilities for supporting disabled students to HE institutions. Against this backdrop, the UK Government announced the removal of funding for non-specialist support workers like notetakers, proposing a shift in the culture of supporting disabled students in HE. The Department for Education [4] suggest:

"In most cases, the expectation is that [Higher Education Providers] HEPs will offset the impact of the removal of DSAs funding by providing reasonable adjustments to disabled students as they are required to do under the Equality Act 2010. The expectation is that some of these will be anticipatory adjustments made to course delivery at a more universal level, to enable more inclusive learning, while some will still be provided on an individual basis."

While this decision initially affected England only, universities in Wales were eager to keep abreast of developments, with the Welsh Assembly Government (WAG) commissioning a review of the DSA process to understand the specific Welsh context [5].

As such, this research study sought to develop a feasible, sustainable and effective model of enabling notetaking which might continue if availability of specialist notetaking provision were to be reduced. The implementation of the proposed approach could ensure the embedding of reasonable adjustments and inclusivity at the point of delivery, ensuring the university meets student support requirements and legal obligations under Equality Act (2010) legislation and that disabled students

have equitable access to education. The use of accessible technology to facilitate this project was a key consideration in its conception.

As the Quality Assurance Agency (QAA) [7] note: “Higher Education providers, staff and students all have a role in and responsibility for promoting equality” and nurturing an inclusive environment. This sentiment aligns with the researcher’s belief in principles of Universal Design for Learning [8] and its centrality in inclusive higher education [3]. This project positions this responsibility for accessibility and inclusion with academic staff and innovatively with the peer group, as opposed to the disabled student or the Disability Service, through engagement with accessible and mainstream technology. It is proposed that this is an opportunity to explore and develop a social justice approach to graduate attributes and citizenship in Higher Education. Fitzwater [9] suggests that the “intentionality of a pedagogy along these lines would quite radically reshape educational institutions and their learning activities not just at the level of design and assessment requirements but also in terms of existential, social and political aims” (p. 131-132).

2. Context: The Construct of Disability

This study takes its definition of disabled students from Seale et al. [10]:

> “Disabled students are presented as oppressed victims of their universities, who are deprived of equitable access to important learning resources as a result of institutional non-compliance with legal requirements, professional codes of practice or technical standards and guidelines” (p. 119).

This definition echoes the social model of disability which recognises systems, environments and attitudes as more disabling than individual differences [11]. Interestingly, WAG [6] firmly advocates this perspective and encourages this interpretation across its provision. A separate study recognises that Welsh HE primarily defines and acknowledges disability from a medicalised, deficit-based perspective, likely stemming from the DSA requirement to prove disabled identity through acquisition of medical evidence, and the Equality Act (2010)’s individual, deficit-based definition of disability.

A myriad of potential disability discourses are acknowledged from the outset, and are influential in the conception, implementation, experience and evaluation of this project. It is acknowledged that the students involved in this project may be responding to or commenting upon the conflicting discourses of disability encountered within the multitudes of systems, processes, roles and relationships in HE and the impact of this on their identity formation [12]. A further complication is the binary divide of disabled/non-disabled identification which students are “requested but not required” to provide [12] (p. 39). Identifying as disabled can be advantageous to acquiring necessary support for study [13] but can also have great connotations of stigma [14]. The literature discusses a further division between visible and invisible disabilities, and students identifying as experiencing an invisible disability may have to decide how much of a disabled identity they will choose to share [13, 15].

Lawson [16] suggests that the context of identifying as disabled in HE is different to other service providers, suggesting that universities will be expected to create “an open, welcoming and supportive atmosphere in order to encourage disclosures of disability and to invite such disclosures on an on-going basis” (p. 110). It is unclear whether this responsibility is being realised in practice, with many studies reporting the challenge of securing specialist support for disabled students in HE [5, 12, 17, 18].

3. The UK Higher Education Environment

The Disability Discrimination Act (2005) enshrined the prohibition of discrimination against disabled students in HE, with the Equality Act (2010) further emphasising the responsibility to make proactive, reasonable adjustments to enable student participation on equitable grounds. Failure to comply with the requirements of the Equality Act (2010) amounts to discrimination. There is critical debate about the efficacy of the Equality Act (2010) in achieving equitable access to HE [19], and the terminology of “reasonable adjustment” and “reasonable steps” can be highly problematic when reflecting on the reproduction of non-representational forms of power in HE [14]. There is also debate about whether certain approaches equate to universal design for learning [8], which is arguably best practice [3], rather than

“reasonable adjustment”, and whether this such “pursuit of inclusive education benefits all students, not just those with particular impairments” [19] (p. 149).

The Quality Assurance Agency [7] encourages HE Institutions “to work in partnership with students to understand the implications of their specific needs” (p. 10). The European Human Rights Commission (EHRC) also emphasises the importance of considering the disadvantage a disabled student would face if reasonable adjustments were not made, and takes an increasingly firm approach, recognising the time and effort that might be expended by a disabled student in overcoming disadvantage. Hammer, Werth and Dunn [20] discuss disabled students working doubly hard in comparison with their non-disabled peers to manage both their disability and their study. This navigation of complex systems [4, 5] provides a further layer of inequity to the HE experience, that this project was eager to address.

4. Methodology

4.1 Ontology, Epistemology, Methodology

This study subscribes to an Interpretivist Ontology and a Social Constructionist epistemology, recognising that students’ experience of disability and HE are socially constructed and thus diverse. This research project pursued a primarily qualitative methodology to capture the lived experiences of disabled and non-disabled students engaging with the online platform and tuition on notetaking. Some quantitative questions were included to establish usage of the platform, including metrics which the platform didn’t offer the researcher. These quantitative statistics gave context to the rich qualitative findings and enabled some tangible evidence of engagement with the resource alongside the crucial understanding of students’ perceptions of the project. Critical Disability Studies is also applied as a theoretical framework and methodology for conceptualising and developing this research project [11].

4.2 Data Collection

The project was completed during the first semester of the 2018-2019 academic year and conformed to the ethical standards of the British Educational Research

Association (BERA). Following a successful application to the university's Faculty Ethics Committee, an online platform was developed where students would have the opportunity to upload notes taken during their Academic Skills lectures, following an initial taught session on notetaking strategies and skills. In advance of the project, options were explored for the most appropriate platform to engage with. Considerations included both the advantages and disadvantages of mirroring an assessment upload on the Virtual Learning Environment (VLE). Another crucial consideration was the anonymity of the upload. While a model of training and celebrating diligent notetaking of students was proposed and considered, there was concern that this could further perpetuate an emphasis on normative and ableist ways of being and doing in higher education [14, 18]. An anonymous platform was sought, but unfortunately, was not possible. Therefore, a Sharepoint site was developed and a hyperlink to this platform embedded within the VLE folders, which students were encouraged to access as part of their studies. It was hoped this would avoid mirroring anxieties of uploading an assignment through the VLE, but would also maintain and develop students' familiarity and engagement with the VLE.

An input was delivered as part of the Academic Skills module on potential models, strategies and functions of note taking, drawing from level appropriate resources as well as professional guidance for note takers. Following the input, students were invited and reminded each week about voluntarily uploading their notes to the online platform.

At the conclusion of the module, a brief mixed-methods questionnaire was circulated to generate initial evaluative commentary. This included two quantitative questions about students' usage of the platform, as well as several open, qualitative questions to explore reasoning behind these quantitative statistics and other potentially unanticipated experiences of the project. Following on from this, a Focus Group was held to further explore the insightful commentary shared through the questionnaire. Eight open questions were prepared and shared with students in advance of the Focus Group to generate discussion.

4.3 Recruitment

The project was integrated as part of the provision for a twenty-credit undergraduate Academic Skills module. All students enrolled on this module (n=21) had the opportunity to engage with the teaching, online platform and research. Accessible information sheets and consent forms were provided (Questionnaire and Focus Group), following the British Dyslexia Association's 'Dyslexia Style Guide', and the research was communicated to students with clarity during the teaching. The students were also taught by the researcher and the influence of this dual role was carefully considered. Engagement with both the pedagogical and research elements of the project were voluntary.

4.4 Sample

It is noted that teaching intensive universities such as this tend to have increased numbers of disabled students due to widening access agendas. As such, 15.39% of the university's students were registered as disabled at the time of the study.[32] The students in the sample were training to become Creative Arts Practitioners, and studied a range of theories around inclusive practice, Critical Disability Studies and arts-based subjects. There is anecdotal evidence of a relatively higher incidence of dyslexia in art students, however this evidence lacks empirical rigour.

The cohort was 95% female with ages ranging from 18 to 53. While 100% of students had access to the teaching and research project, only 43% completed the Questionnaire and 38% participated in the Focus Group. It is therefore important to reflect upon the relevance of the findings to the wider cohort, and to consider whether crucial voices, such as those of disabled students, were represented. The accessibility of the teaching and research was highly considered but could be further improved. It is also not known whether the same voices were present in both data collection points. No specialist provision was knowingly in place for disabled students

[32] Many more students are likely in the process of pursuing this registration or not in receipt of an official diagnosis and thus not able to formally register as disabled students, according to the limited definition of disability recognised by this system. Therefore, the percentage of students experiencing disablement may be significantly higher.

during the study, in acknowledgement of the university systems used to denote this.[33]

4.5 Data Analysis

Descriptive statistics were generated from the questionnaire's quantitative data, as well as a brief Thematic Analysis of the qualitative commentary [21]. Focus Group audio-recordings were transcribed and anonymised, and Thematic Analysis was employed to explore emerging patterns, and to develop a deeper understanding of the group's experiences.

5. Findings

5.1 Engagement with the Online Platform

In terms of concrete engagement with the platform, 14% of students physically uploaded notes to the portal during the life of the project (n=3). This included 10% of students uploading repeatedly (n=2). Uploads were a diverse mix of formal, handwritten notes and colourful, visual notes drawn on a tablet. 83% of the portal remained completely uninhabited with all contributions contained within the first 17% of the module, despite continued discussion about the project throughout the module.

5.2 Questionnaire

The initial mixed-methods questionnaire presented insightful and unanticipated findings, both in terms of engagement with the online platform and students' perceptions of this project. Of those who completed the questionnaire (n=9, 43% of the cohort), only one student suggested they accessed the platform to view the uploads. Interestingly, this student noted that this was "out of curiosity" rather than a reliance on the content to be found, and unfortunately "there was nothing there" on the week they had chosen to access the platform. For the 87% who did not consult the content on the online platform, reasoning for this included three core themes:

[33] This comment relates to the lecturer not being in receipt of any Individual Support Plans (ISPs) which the Disability Service generates for students in receipt of specialist provision.

- No need (“didn’t need to”, “happy with my own notes”, “forgot”),
- Seeking but not finding (“couldn’t find it”),
- Alternatives (“helped each other on WhatsApp”, “focused on reading and lecture slides”).

Open comments suggested students overwhelmingly thought the project was a positive idea (“good idea”, “should continue”, “helpful”, “useful tool”). There were some students who provided further reasoning for potential lack of engagement, including “feeling self-conscious”, “another thing on a long list of things to do” as well as “timing for me at the beginning of the course not good”. When asked for improvements or developments, some students felt the project “could be open to abuse”, a theme further explored in the Focus Group. In addition, the idea of recognition for those contributing was raised, and a need for an awareness of supply and demand: “if it works, I will help”. These initial evaluative comments informed the development of open questions for the subsequent Focus Group.

5.3 Focus Group

Open questions were asked to invite further feedback on the project and to provide opportunity for students to elaborate on their initial commentary in the Questionnaire. Through analysis of this forty-five-minute Focus Group with 38% of the cohort (n=8), the following themes became apparent:

- Lack of confidence;
- Social learning;
- Learning styles and preferences;
- Who’s responsibility? Who’s voice?

Each theme will be discussed individually to explore its relevance to the wider discussion.

5.4 Lack of Confidence

A strong theme apparent in the contributions of all members of the focus group was a lack of confidence in their own notetaking ability. This had different meanings to

different members, with some acknowledging their own learning differences as a reason not to share their notes with peers. An example came from a student stating:

“I’m very aware that I’m very dyslexic, and things that I write in my notes, it makes sense to me, but it’s like short hand. And I feel, sometimes, I feel like if people were to read my notes, they’d be like ‘oh my god, he’s a bit dull isn’t he?’”

Another student noted “more fundamentally though, there is a massive assumption that what we’ve written is actually correct”. Another concurred: “Just because I’ve written it down, it could be a load of tosh… they’re not vetted”. A final student confirmed: “They’re not a factual representation of what actually happened”. Students gave several examples of what they do write in their notes, with the words “personal” and “questions” coming up a lot. Others discussed doodling more creatively, and not always being able to read back their own notes but using them more as processing in the live (“if I don’t understand them after, nobody else will!”).

Interestingly, another student spoke of their lack of confidence in relation to receiving support, noting “either I don’t feel like I’m worthy of helping, or someone’s more in need of help than I am, so I’m going to stay back.”

5.5 Social Learning

This theme emerged in a number of ways. The first was in relation to the group’s decision to use WhatsApp over the static Sharepoint platform created. Students commented that they had chosen to use WhatsApp to share their notes since it was “less formal”, “quicker”, “faster”, “more open”, “more connected to your daily life”, “easier to use” and “everyone would answer”. They discussed that “if you put it out on a [WhatsApp] group chat, everyone would answer and then someone would private message you too”, whereas with the Sharepoint site “I had no way of knowing if it was useful to anyone, and therefore thought why am I wasting my time?” The immediate, discursive reinforcement provided through the WhatsApp platform appeared to motivate and sustain students’ contributions over time. Whereas the initial diligence in uploading to the Sharepoint site soon dwindled without the recognition that the content was being accessed or understood (“I was a bit like ‘I don’t know if anyone’s going to look at this’”, “Do you know if anyone did go on

[Sharepoint] to look at them and learn from them?", "If I knew people were looking at it I would have carried on doing it"). Students also appeared concerned with the number of contributions or perspectives available, stating with WhatsApp: "having the views of, like, three of my peers… I can connect all the dots together", whereas with Sharepoint: "when I did upload it was only me and maybe one other person, so I thought, whoever's looking at this isn't getting a well-rounded view, so I stopped". The potential audience and confirmed presence of participants appeared significant for participation. Students insightfully described the Sharepoint site as "like, 2D", whereas they saw WhatsApp as an option for "richness" and "comradery".

Some students in the Focus Groups saw the entire experience as quite social, in asking for resources, guidance or support from their peers, and providing ideas themselves at other times. One student stated "I think the word is reciprocity; it's reciprocated. What we put on, we get back. If you contribute towards that, you get the help and support back". There is an emphasis here that students should have to be able to upload and contribute in order to be able to benefit from reading and accessing, which perhaps suggests a misunderstanding of the diversity of engagement and processing in undergraduate students.

5.6 Learning Styles and Preferences

Participants discussed the ways in which they learn effectively and referenced a number of strategies which didn't relate to notetaking. For example, one student noted: "I learn better to go away and read things myself rather than write things at the time". Another agreed, "I would go on to the readings then I would make notes from the readings". For another student: "I used to always turn up with a printout of the lecture notes and then write my comments on that particular slide. And then that's always in my file." This reflected an assumption that notetaking would be a necessary or valuable skill and provides insight and trajectory for future projects to consider other forms of learning.[34] Another perspective, is that in their first weeks of

[34] Since the completion of this project, lecture capture software has been implemented across this degree. This will offer an alternative platform for revisiting and processing lecture content and may replace the potential benefit of this project to some, but not all, students.

undergraduate study and before completing their Academic Skills module, students perhaps didn't understand the method, value and merit of notetaking.

5.7 Who's Responsibility? Who's Voice?

The discussion returned on several occasions to the consideration of who notes were taken for, and why. This also highlighted a consideration of who's voices were represented in these comments and in this Focus Group. There were participants in the group who shared about their own experiences of dyslexia and who identified as disabled, but there was also confusion about the purpose and audience of the notes taken.

One student suggested "The responsibility again for us uploading something. It's kind of like 'why would I do that if I'm doing ok?'". There was discussion around the students' responsibility for their learning, with one student suggesting "I wouldn't be happy turning up, taking notes and then passing them on if somebody didn't want to turn up… why should I share my time and my notes with people who may not be willing to take responsibility for their own learning." Another student confirmed "my notes are for me", taking the responsibility for the notes but also the ownership. The same student suggested "whilst there are some people who genuinely would benefit from those notes, we deal with that ourselves on a one to one basis as peers".

The wording is interesting here, and perhaps the suggestion that the lecturer has imposed the expectation to upload notes has taken the autonomy away from the group to develop and provide their own mechanisms of peer support. While it is positive to note the suggestion that peer support was readily provided, the suggestion that "if you're going to be responsible, and you genuinely want to know [about the notes/lecture], come knock on the door – the door's open. But not in the absence of turning up", suggests that students do not have a clear understanding of some of the barriers disabled students may face in either attending or reaching out for support. One of the primary intentions of the project was to move away from a students' needs model to a students' rights model [22], thus establishing the expectation to upload notes to enable engagement with content as a right without having to request 'additional' support as a need.

The word “selfish” came up several times, initially apologetically (“maybe it was selfish…”) but with increased openness over time (“I don’t mind picking up on that point of saying selfish… because I would consider for who’s needs and purposes is this for?”). No-one in the Focus Group identified that they would benefit from access to notes taken in the group. This may be evidence that this format of provision is in fact not so desirable, or may speak of the dynamic in the group as well as the representation of those within the group. It is acknowledged that a Focus Group may not have felt like an accessible or inclusive forum for some students, although this was of course diligently explored as far as possible. Some students may have not felt able to speak up against the dominant voices in the group and some of the strong opinions shared here and more widely in the course. This was recognised by the students, noting “It’s quite weird if you look at the WhatsApp group in terms of a venn diagram of participation, what you find is not dissimilar to what you have in class. So the much more introverted people who don’t tend to come [to class, to the Focus Group], similarly tend not to comment so much on WhatsApp”. While it is encouraging that this was noticed, it was not necessarily problematised by the students. Introduction to theories of ableism and privilege [29] [30] later in the students’ modules would actively challenge some of these perspectives, but this again poses a challenge to the need for this provision so early in the first term of study.

6. Discussion

6.1 Enabling and Disabling Attitudes

As noted by Beckett and Buckner [23], prejudice towards disabled people is “embedded within dominant culture and [has] become institutionalised” (p. 875). The perpetuation of disabling attitudes within the group, identifying individual responsibility for impairment and the notion of the deserving and undeserving student evidences the need for a “courageous teaching that confronts resistance, is not afraid to conflict, and leads to genuine communication and learning across difference” [24] (p. 539). As noted, inclusive practice is a central pillar of the curriculum [25] and concepts of ableism and privilege would be explored explicitly later in the students’ modules. In contrast with previous research which has

considered the relationship between disabled students and technology [10], this project identified a resistance from non-disabled and disabled students to enable their disabled peers' engagement with technology. This adds further complexity to the suggestion of a 'digital divide' and adds yet another dimension to Burgstahler's [26] statement that disabled students in HE are on the "wrong side of a second digital divide" (p. 420).

6.2 Specialist Application of Generic Technology

Seale et al. [10] discuss that disabled students may have the "wrong kind of digital capital" (p. 126) in that the skills they acquire from secondary education are often not aligned with the more specialist, assistive technology provided in Higher Education. This was part of the rationale for applying a generic use of technology in this specialist context, in order that specialist skills shouldn't be a barrier to engagement. It is interesting to note that the technology perceived by the researcher to be generic (hyperlinks through the Virtual Learning Environment to a Microsoft platform), were perceived as specialist and inaccessible by most students. This highlights the centrality of effective transition to HE and induction into many logistical elements before it is possible to fully engage with discipline and subject specific teaching. The students' attraction to WhatsApp as a familiar, accessible and functional platform for their learning perhaps reflects their lack of confidence and unfamiliarity with various dimensions of the Higher Education experience. Perhaps WhatsApp became a transitional object of sorts, providing comfort and consistency in a period of transition and challenge.

7. Conclusion

While this pilot research project targets one small, element of specialist provision for disabled students, it is hoped that this discussion has highlighted the shared responsibility between all stakeholders to develop an inclusive learning environment. As QAA [7] note, equitable educational opportunities will be achieved through "inclusive design wherever possible and by means of reasonable individual adjustments wherever necessary" (p. 1-2). This project was an attempt to develop

the inclusivity of the digital, physical and philosophical learning environment by sharing the responsibility for notetaking and enabling each other's learning. This could form part of what WAG [5] term a "blended model consisting of inclusive learning, reasonable adjustments and DSAs."

While the Disabled Students' Allowance (DSA) system enables highly specialist and often expensive provision to become accessible to disabled students, often transforming their experience of HE, this is only available to students who identify as disabled. This requires students to subscribe to the necessary medical endorsement of the DSA and the Equality Act's (2010) definitions of disability, often at significant financial cost. This project offers an enabling learning environment for those who may not be aware of a specific diagnosis, may not subscribe to a deficit-based interpretation of disability, or may not have sufficient presenting features to qualify for a particular medical diagnosis. This shifts the focus away from the medicalized gaze and the burden of responsibility of the self-advocacy model of student success [17] and offers a shared responsibility between educators and all students to develop a collaboratively negotiated accessible provision. Beckett [27] suggests that this element of nurturing and developing an inclusive learning environment is as crucial for developing an inclusive society as meeting the needs of disabled individuals. Further to this, a notion that developed from this study was the potential for a university education to nurture moral and responsible citizens, who contribute proactively to enabling their peers. Could this become a unique graduate attribute that we commit to working towards, inviting students to review, acknowledge and challenges their ableist assumptions and move towards anti-oppressive pedagogy [27].

Further, this project contests the WAG [5] suggestion that "the level of investment required to develop inclusive learning practices within Higher Education Providers is substantial", since this project was embedded within routine teaching and learning practice and required no specific investment, only a shift in outlook and responsibility. While the specific format of this research project didn't necessarily result in a sustainable and embedded provision, the idea of sharing responsibility for accessibility has been established with this cohort and the conversation has been ignited at a modular, course, faculty and university level through dissemination. It is hoped that the act of developing this research is a step towards increasing

accessibility in HE, since “disability requires social action and is the collective responsibility of society” [28] (p. 69).

8. References

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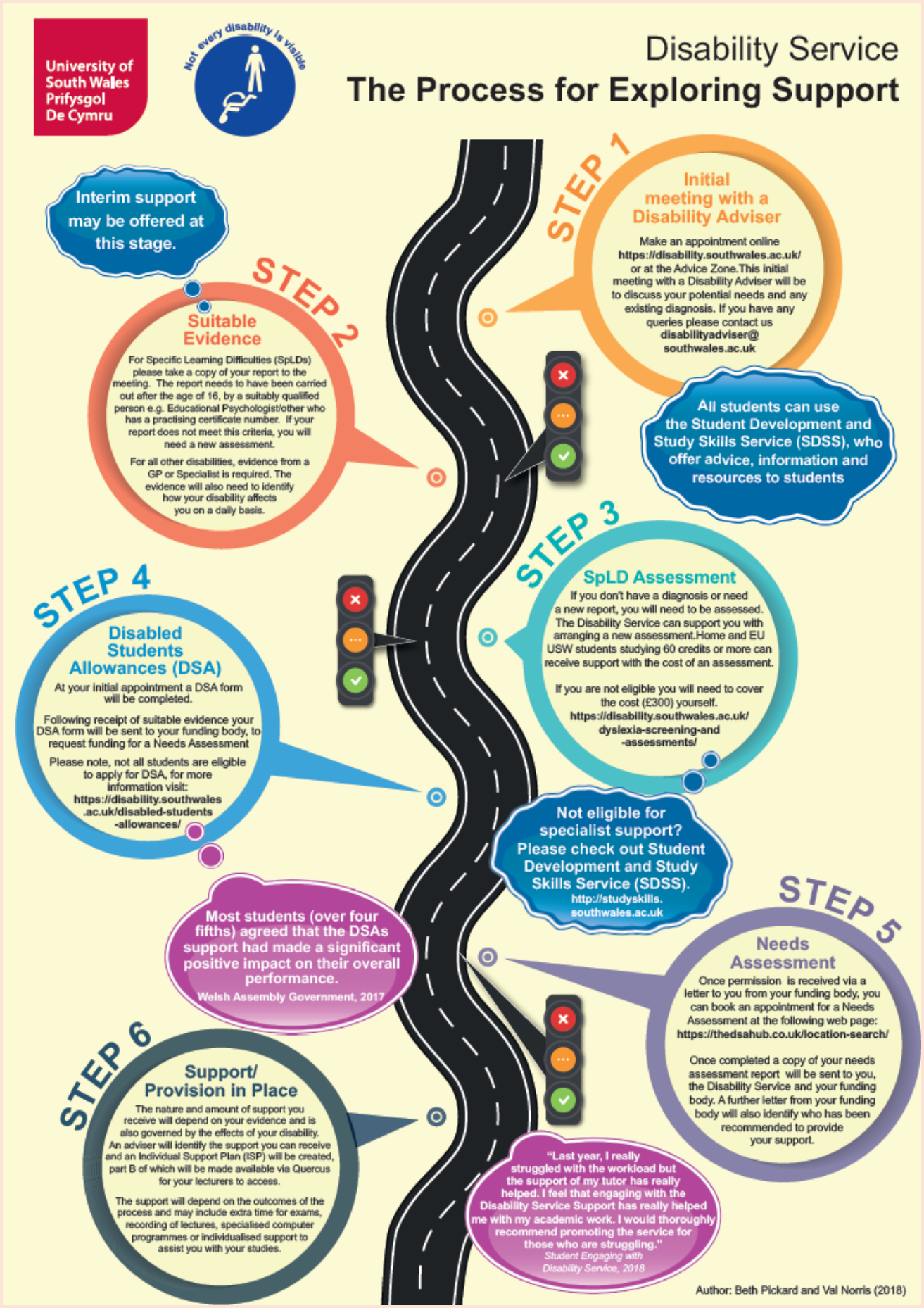
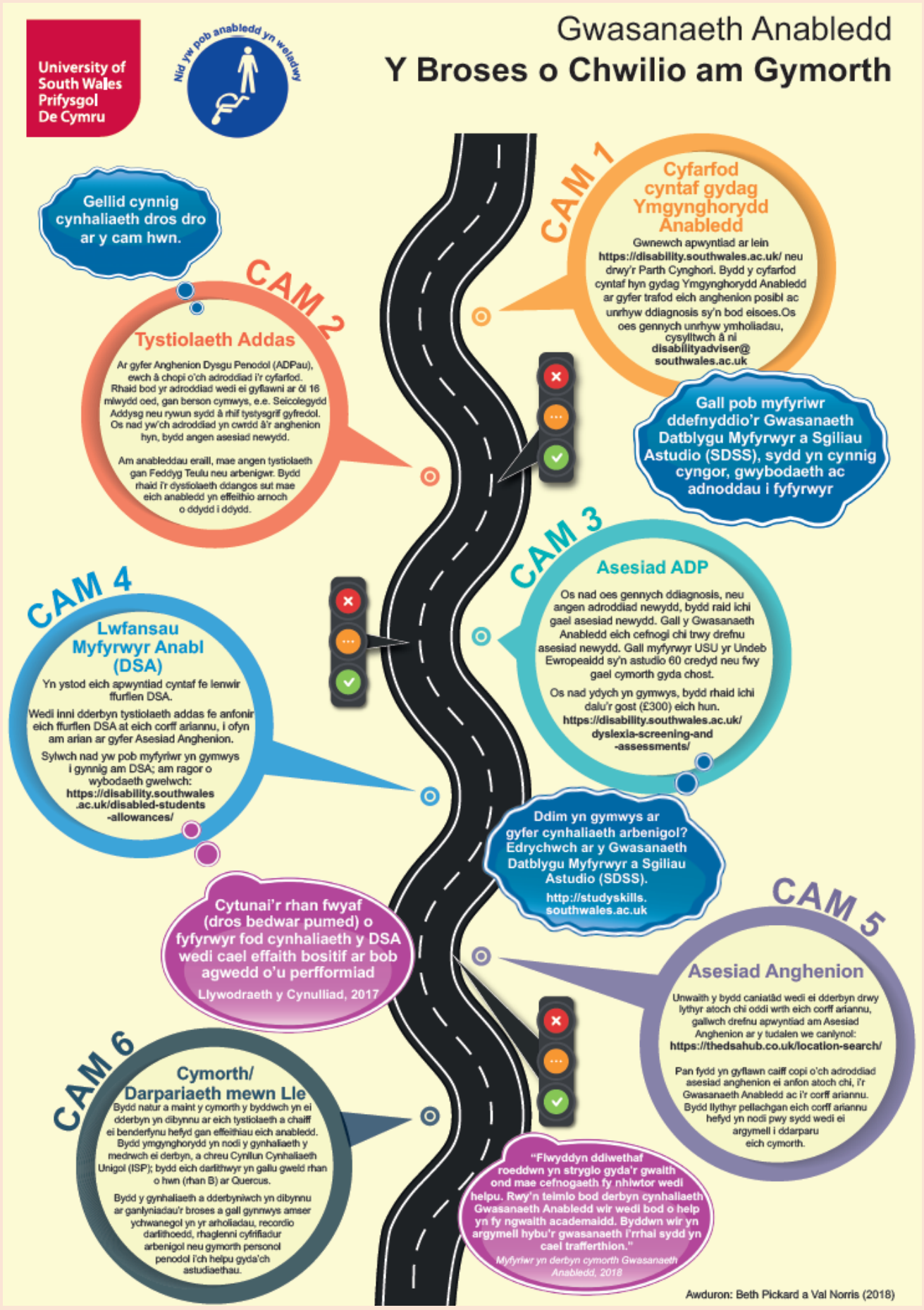
Project 3

Appendix 17 - Disability Service: The Process for Exploring Support (Pickard and Norris, 2018)

- Full reference: Pickard, B. and Norris, V. (2018), 'Disability Service: The Process for Exploring Support' (Online), Available at: https://disability.southwales.ac.uk/getting-started/ (Accessed 4th August 2020).


University of South Wales
Prifysgol De Cymru
Not every disability is visible
Disability Service
The Process for Exploring Support
Interim support may be offered at this stage.
STEP 1
Initial meeting with a Disability Adviser
Make an appointment online https://disability.southwales.ac.uk/ or at the Advice Zone.This initial meeting with a Disability Adviser will be to discuss your potential needs and any existing diagnosis. If you have any queries please contact us disabilityadviser@southwales.ac.uk
STEP 2
Suitable Evidence
For Specific Learning Difficulties (SpLDs) please take a copy of your report to the meeting. The report needs to have been carried out after the age of 16, by a suitably qualified person e.g. Educational Psychologist/other who has a practising certificate number. If your report does not meet this criteria, you will need a new assessment.
For all other disabilities, evidence from a GP or Specialist is required. The evidence will also need to identify how your disability affects you on a daily basis.
All students can use the Student Development and Study Skills Service (SDSS), who offer advice, information and resources to students
STEP 3
SpLD Assessment
If you don't have a diagnosis or need a new report, you will need to be assessed. The Disability Service can support you with arranging a new assessment.Home and EU USW students studying 60 credits or more can receive support with the cost of an assessment.
If you are not eligible you will need to cover the cost (£300) yourself. https://disability.southwales.ac.uk/dyslexia-screening-and-assessments/
STEP 4
Disabled Students Allowances (DSA)
At your initial appointment a DSA form will be completed.
Following receipt of suitable evidence your DSA form will be sent to your funding body, to request funding for a Needs Assessment
Please note, not all students are eligible to apply for DSA, for more information visit: https://disability.southwales.ac.uk/disabled-students-allowances/
Not eligible for specialist support? Please check out Student Development and Study Skills Service (SDSS). http://studyskills.southwales.ac.uk
Most students (over four fifths) agreed that the DSAs support had made a significant positive impact on their overall performance.
Welsh Assembly Government, 2017
STEP 5
Needs Assessment
Once permission is received via a letter to you from your funding body, you can book an appointment for a Needs Assessment at the following web page: https://thedsahub.co.uk/location-search/
Once completed a copy of your needs assessment report will be sent to you, the Disability Service and your funding body. A further letter from your funding body will also identify who has been recommended to provide your support.
STEP 6
Support/ Provision in Place
The nature and amount of support you receive will depend on your evidence and is also governed by the effects of your disability. An adviser will identify the support you can receive and an Individual Support Plan (ISP) will be created, part B of which will be made available via Quercus for your lecturers to access.
The support will depend on the outcomes of the process and may include extra time for exams, recording of lectures, specialised computer programmes or individualised support to assist you with your studies.
"Last year, I really struggled with the workload but the support of my tutor has really helped. I feel that engaging with the Disability Service Support has really helped me with my academic work. I would thoroughly recommend promoting the service for those who are struggling."
Student Engaging with Disability Service, 2018
Author: Beth Pickard and Val Norris (2018)


University of South Wales
Prifysgol De Cymru
Nid yw pob anabledd yn weladwy
Gwasanaeth Anabledd
Y Broses o Chwilio am Gymorth
Gellid cynnig cynhaliaeth dros dro ar y cam hwn.
CAM 1
Cyfarfod cyntaf gydag Ymgynghorydd Anabledd
Gwnewch apwyntiad ar lein https://disability.southwales.ac.uk/ neu drwy'r Parth Cynghori. Bydd y cyfarfod cyntaf hyn gydag Ymgynghorydd Anabledd ar gyfer trafod eich anghenion posibl ac unrhyw ddiagnosis sy'n bod eisoes.Os oes gennych unrhyw ymholiadau, cysylltwch â ni disabilityadviser@southwales.ac.uk
CAM 2
Tystiolaeth Addas
Ar gyfer Anghenion Dysgu Penodol (ADPau), ewch â chopi o'ch adroddiad i'r cyfarfod. Rhaid bod yr adroddiad wedi ei gyflawni ar ôl 16 mlwydd oed, gan berson cymwys, e.e. Seicolegydd Addysg neu rywun sydd â rhif tystysgrif gyfredol. Os nad yw'ch adroddiad yn cwrdd â'r anghenion hyn, bydd angen asesiad newydd.
Am anableddau eraill, mae angen tystiolaeth gan Feddyg Teulu neu arbenigwr. Bydd rhaid i'r dystiolaeth ddangos sut mae eich anabledd yn effeithio arnoch o ddydd i ddydd.
Gall pob myfyriwr ddefnyddio'r Gwasanaeth Datblygu Myfyrwyr a Sgiliau Astudio (SDSS), sydd yn cynnig cyngor, gwybodaeth ac adnoddau i fyfyrwyr
CAM 3
Asesiad ADP
Os nad oes gennych ddiagnosis, neu angen adroddiad newydd, bydd raid ichi gael asesiad newydd. Gall y Gwasanaeth Anabledd eich cefnogi chi trwy drefnu asesiad newydd. Gall myfyrwyr USU yr Undeb Ewropeaidd sy'n astudio 60 credyd neu fwy gael cymorth gyda chost.
Os nad ydych yn gymwys, bydd rhaid ichi dalu'r gost (£300) eich hun. https://disability.southwales.ac.uk/dyslexia-screening-and-assessments/
CAM 4
Lwfansau Myfyrwyr Anabl (DSA)
Yn ystod eich apwyntiad cyntaf fe lenwir ffurflen DSA.
Wedi inni dderbyn tystiolaeth addas fe anfonir eich ffurflen DSA at eich corff ariannu, i ofyn am arian ar gyfer Asesiad Anghenion.
Sylwch nad yw pob myfyriwr yn gymwys i gynnig am DSA; am ragor o wybodaeth gwelwch: https://disability.southwales.ac.uk/disabled-students-allowances/
Ddim yn gymwys ar gyfer cynhaliaeth arbenigol? Edrychwch ar y Gwasanaeth Datblygu Myfyrwyr a Sgiliau Astudio (SDSS). http://studyskills.southwales.ac.uk
Cytunai'r rhan fwyaf (dros bedwar pumed) o fyfyrwyr fod cynhaliaeth y DSA wedi cael effaith bositif ar bob agwedd o'u perfformiad
Llywodraeth y Cynulliad, 2017
CAM 5
Asesiad Anghenion
Unwaith y bydd caniatâd wedi ei dderbyn drwy lythyr atoch chi oddi wrth eich corff ariannu, gallwch drefnu apwyntiad am Asesiad Anghenion ar y tudalen we canlynol: https://thedsahub.co.uk/location-search/
Pan fydd yn gyflawn caiff copi o'ch adroddiad asesiad anghenion ei anfon atoch chi, i'r Gwasanaeth Anabledd ac i'r corff ariannu. Bydd llythyr pellachgan eich corff ariannu hefyd yn nodi pwy sydd wedi ei argymell i ddarparu eich cymorth.
CAM 6
Cymorth/ Darpariaeth mewn Lle
Bydd natur a maint y cymorth y byddwch yn ei dderbyn yn dibynnu ar eich tystiolaeth a chaiff ei benderfynu hefyd gan effeithiau eich anabledd. Bydd ymgynghorydd yn nodi y gynhaliaeth y mednwch ei derbyn, a chreu Cynllun Cynhaliaeth Unigol (ISP); bydd eich darlithwyr yn gallu gweld rhan o hwn (rhan B) ar Quercus.
Bydd y gynhaliaeth a dderbyniwch yn dibynnu ar ganlyniadau'r broses a gall gynnwys amser ychwanegol yn yr arholiadau, recordio darlithoedd, rhaglenni cyfrifiadur arbenigol neu gymorth personol penodol i'ch helpu gyda'ch astudiaethau.
"Flwyddyn ddiwethaf roeddwn yn stryglo gyda'r gwaith ond mae cefnogaeth fy nhiwtor wedi helpu. Rwy'n teimlo bod derbyn cynhaliaeth Gwasanaeth Anabledd wir wedi bod o help yn fy ngwaith academaidd. Byddwn wir yn argymell hybu'r gwasanaeth i'rrhai sydd yn cael trafferthion."
Myfyriwr yn derbyn cymorth Gwasanaeth Anabledd, 2018
Awduron: Beth Pickard a Val Norris (2018)

Appendix 18 - Demystifying the Process of Engaging with the Disability and Dyslexia Service in Higher Education (Pickard, 2019)

- Full article available at: https://nadp-uk.org/winter-2018/
- No DOI available.
- Full reference: Pickard, B. (2019), 'Demystifying the Process of Engaging with the Disability and Dyslexia Service in Higher Education', *Journal of Inclusive Practice in Further and Higher Education*, 10(1), p. 40-58.

Demystifying the Process of Engaging with the Disability Service in HE

Beth Pickard

Abstract

This paper reflects upon a recent collaboration between students and staff on the Creative and Therapeutic Arts degree and the Disability Service at the University of South Wales, where students raised concerns about challenges in accessing specialist support for their learning. As is commonly noted on creative courses, a relatively high percentage of students on this degree identify as experiencing additional or specific learning needs. As part of a pastoral support initiative, it was recognised that a high percentage of students were eager to engage with the Disability Service but perceived that they had experienced difficulties in doing so. By establishing monthly meetings between the Course Leader and the Manager of the Disability Service, and consulting student records with students' full consent, it emerged that there was a significant misunderstanding between students, academic staff and support staff about the process of engaging with the Disability Service and securing specialist support. The collaboration between students, Course Leader and Service Manager unearthed that, as well as differing perceptions of disability, there was a significant lack of accessible guidance for engaging with this process, echoing the Welsh Assembly Government's findings that complexity was a barrier to engagement with such provision nationally (Welsh Assembly Government, 2017). As a result, an accessible infographic was created to guide students and staff through the complex process of engaging with the Disability Service to secure specialist

support. The intention is that this resource will support students, academic staff, support staff and colleagues in other departments to understand the process involved in accessing specialist support and thus support students in this important journey.

Keywords: Disability, Inclusion, Higher Education, Ableism, Support, Specific Learning Difficulties

Introduction

This paper reflects on a collaboration between students and staff on the Creative and Therapeutic Arts degree and the University of South Wales' Disability Service. The degree programme teaches students about models of disability (Goodley, 2017), inclusive practice (Fox and Macpherson, 2015; Baglieri and Shapiro, 2017), arts in health (Fancourt, 2017) and arts for wellbeing (Clift and Camic, 2016); nurturing practitioners who are passionate advocates of authentic participation and creative expression. Students facilitate creative arts workshops in their local communities throughout their studies, with a focus on wellbeing. As is common of both therapeutic and creative courses (Alden and Pollock, 2011; Tobias-Green, 2014), this programme attracts a high percentage of students who experience specific or additional learning needs. Many of the students are able to relate to the participants they work alongside in meaningful ways because of their own experiences of specific or additional learning needs.

Despite the critical disability studies lens through which the curriculum is taught, there has been little historical relationship between the Course Team and the Disability Service. Students routinely engage with the service, but as is common and deemed appropriate by the Disability Service, Course Teams aren't necessarily involved in this process. While this separation is advocated by the Disability Service to enable students to access support confidentially, should they choose, Liaisou (2014, p. 124) proposes that this separation further embeds exclusionary regimes: 'These practices are antithetical to the principles of an inclusive discourse that is geared towards the necessity of responding to learner diversity without having recourse to segregating and stigmatising forms of provision'. Kirby (2009) reflects further on the division between neurodiverse students and their peers and suggests

that this model ‘removes the need for institutional culture change and the removal of barriers through the adoption of inclusive practice’ (Kirby, 2009, p. 75).

Osborne and Fogarty (2014, p. 59) take the discussion further to suggest that there can be ‘delight to be found in non-standard approaches, that there is significant value in the interdependency of disability, and perhaps of greatest interest to designers, that disability can be a creative and generative force’. This assertion advocates for the learning potential of engaging with diversity.

Through the implementation of a Personal Academic Coaching (PAC) initiative at the university (USW CELT, 2018), the division between academic, pastoral and specialist support was diminished slightly through transparent discussions with students at regular intervals. Through this closer working relationship, it came to the Course Team’s attention that of the high percentage of students who identified as experiencing specific or additional learning needs, few of them were successfully engaging with specialist support, with many students reporting perceived difficulties in engaging with the Disability Service. This was the foundation of this collaborative project, which sought to understand these experiences and to resolve the students’ confusion and frustration around accessing support for their learning needs.

The Impetus for the Collaboration: Student Voice

Through engagement with a new pastoral support scheme at the university, academic staff took on the role of Year Tutors and liaised with every student in their cohort once per term. The intention of the scheme was to understand the student experience more closely and namely to signpost increasingly effectively to any student services that students may benefit from: either in supporting their learning or in enhancing their employability. This Personal Academic Coaching (PAC) initiative was part of the Student Experience Plan and was intended to ‘join the dots of different aspects of [students’] chosen course and intended profession, monitoring regularly and aiding their academic progress, catching any other issues they have and referring them to appropriate support in Student Advice or Careers… enhanc[ing] their student experience, but also aid[ing] engagement and retention’ (USW CELT, 2018).

While the Creative and Therapeutic Arts team had always provided a robust tutorial model for students, the rigour of an allocated tutor and scheduled termly meetings enabled deeper monitoring of student experience, leading to recognition of an emerging pattern. This pattern illustrated that a relatively high number of students perceived a challenge in accessing the Disability Service, a service which they believed might benefit their learning.

The percentage of Higher Education students disclosing a disability has steadily increased over recent years (Kirby, 2009; Madaus, 2012; Kendall, 2016), with a 24% increase of students with a known disability status in Wales between 2012 and 2017, equating to 13% of the HE student population in Wales in 2017 (HESA, 2018). These statistics represent students who choose to share or 'disclose' their disability. Vickerman and Blundell (2010) and Redpath et al. (2013) suggest that it is possible that many more students identify as disabled but choose not to share or 'disclose' this experience, for fear of affecting the application process or any associated stigma perpetuated by a primarily ableist, medical model understanding of disability in academia (Moore and Slee, 2012; Knott and Taylor, 2014; Bolt and Penketh, 2017). The term 'disclose' encapsulates this ongoing interpretation of disability as a defect or flaw (Madriaga et al., 2011). Kerschbaum, Eisenman and Jones (2017, p. 2) discuss in detail the 'deeply rhetorical nature of disclosure… emphasising disability disclosure as a complex calculus in which degrees of perceptibility are dependent on contexts, types of interactions that are unfolding, interlocutors' long- and short- term goals, disabilities and disability experiences, and many other contingencies'. The complexity of disclosure is beyond the scope of this article, but is worthy of deeper exploration.

While the aforementioned statistics demonstrate that disabled students are still underrepresented in Higher Education in general (Gibson, 2012), students with specific learning difficulties are in the majority on the Creative and Therapeutic Arts degree programme, as is common for creative subject areas (Woolf, 2001; Tobias-Green, 2014). Another contradiction is that while some literature suggests Disability Services are largely underutilised by disabled students (Hong, 2015; Abreu et al., 2016), students on this programme were eagerly and proactively trying to engage with support. Further research is required to understand whether there is any correlation between the subject matter taught around critical disability studies and

inclusive practice and students' engagement with their learning needs and disabled identity (Pickard, 2018).

The prevalence of students in all years of study identifying as having a specific learning difficulty and facing challenges in accessing the Disability Service led to an initial enquiry with the Manager of the Disability Service to understand what could be leading to this perceived lack of necessary support. Upon reflection, the initial assumption was that there may be a backlog of students requesting support at the beginning of a new term; that there may be issues with levels of staffing in the department; or that there may have been challenges in securing necessary evidence of diagnoses to secure specialist provision. Due to these potentially inaccurate assumptions, early meetings reflected a clash of culture and understanding between the Disability Service Manager and Course Leader. Both parties were eager to support students, in the students' best interests, but shared a different understanding of the system and potentially held a subtly distinct definition of disability at the heart of the conversation.

Disability as a Social or Medical Construct

It was interesting to understand through discussions with the Disability Service Manager that students couldn't be referred to as 'disabled', according to the service, until they had received a diagnosis. This was very contentious with the approach to inclusive practice on the Creative and Therapeutic Arts degree, where strides are made to move away from a medical model interpretation of disability towards increasingly social model and affirmative perspectives (Mallett and Runswick-Cole, 2014; Goodley, 2017). Further, this medicalised perspective negates the notion of the student as expert in their own experience, and relies on professionals to verify, justify and legitimise students' needs. This approach can focus on the student's 'defects' as opposed to challenging barriers created by the institution's ableist culture (Kirby, 2009; Brown and Leigh, 2018). The Course Team recognised that students were notably disabled by the curriculum, system and space on a regular basis, and there was a strong motivation to challenge and address this. Ownership was taken by the team for some of these disabling barriers, and engagement with increasingly inclusive curriculum design is continually researched to address this (Grace and

Gravestock, 2009; HEA, 2011; UDLL, 2016). However it was also recognised that within the current Higher Education climate and discourse, specialist provision is necessary for some students.

It is possible that there was also tension between the constructs of ‘special educational needs’ and ‘disability’, which aren’t necessarily synonymous (Lewis et al., 2010), a perspective which ‘necessitates the removal of disabling barriers by means of problematising and modifying existing organisational attitudes, processes and practices that exclude certain individuals from mainstream cultures and communities’ (Liasidou, 2014, p. 122).

Financial burden was a further barrier to support at the time of this collaboration, with some students required to finance a diagnostic assessment to engage with specialist support. Several students found this barrier insurmountable, and it is extremely positive to note that the university has since revised this process and is able to fund and administer the necessary assessments internally without cost to the student.

Further, some students had existing diagnoses but the specific nature or source of the diagnosis didn’t meet the criteria of funding providers and thus, despite accepting and receiving support for their diagnosed learning needs for several years, students were required to access diagnostic testing anew, a potentially distressing and expensive experience (Kirby, 2009; Sparks and Lovett., 2014).

This is by no means intended to be a criticism of the Disability Service, who are a highly skilled and compassionate team. The legal, systemic and financial reasons for maintaining clear boundaries on who can access specialist provision are understood. Kirby (2009) provides insightful commentary into the multifaceted roles and identities of a Disability Service in Higher Education, taking the roles of ‘procurer’, ‘advocate/activist’ and ‘adjudicator/verifier’. Reflecting some of the tensions noted above, Kirby (2009, p. 79) recognises that the ‘policies, procedures and systems, which these services work through, are often at odds with promoting inclusion and maintaining the students’ voice and the core of the educational experience’.

Despite the contrasting perspectives on disability and the various complex processes at play dictating which students were eligible to engage with the service, it was clear that there were students who may well meet the necessary diagnostic criteria, who,

for a variety of reasons, weren't accessing the specialist support they were potentially entitled to, and this in itself was perceived as disabling by the students.

Meeting in the Middle

Having taken some time to understand the true scale and scope of the situation, and having reflected on the challenges of supporting students with specific learning difficulties and/or additional learning needs in Higher Education, consideration was given to what small steps could be explored in this pilot collaboration to enable students and staff to understand and engage with this important process more constructively.

The outcome of engaging with the Disability Service effectively can be incredibly valuable to students, potentially making students more likely to complete their studies successfully and making a significant positive impact on overall performance (Welsh Assembly Government, 2017). However, this model still perpetuates a medicalised, deficit-based interpretation of disability and relies on the academy making what it deems a 'reasonable adjustment' to its provision (Equality Act, 2010). Transforming the systemic approach to diversity and disability is a significant but vital endeavour (Bolt and Penketh, 2017) and while beyond the scope of this initial pilot collaboration, this is a vital area to further challenge. As Guillaume (2011; cited in Liasidou, 2014, p. 123) asserts, the phraseology of 'reasonable adjustments' 'portrays disability as an individual problem rather than a systemic problem that results from power inequities and discriminatory regimes'.

While the longer term ambition is to 'remove barriers for disabled students at an institutional level, in all aspects of mainstream planning' (Kirby, 2009, p. 80), in seeking to provide tangible and immediate solutions for students and staff affected, initial steps were taken to support students and staff in understanding the existing process more effectively. In recognising the complexity of the process as a barrier to initial engagement, an accessible, visual infographic was developed, outlining the six key steps involved in engaging with the Disability Service at the university.

A Potential Solution: An Accessible Infographic

It was understood that students felt they were taking a big step in reaching out for support and making initial contact with the Disability Service. Students felt that after making an appointment and attending this initial meeting, they had overcome the most challenging hurdle and were eager to receive support as a result. However, Disability Service staff had a more detailed understanding of the process and recognised that this first step, while important, was only the initial stage of engaging with the service and in isolation was unlikely to lead to support being implemented.

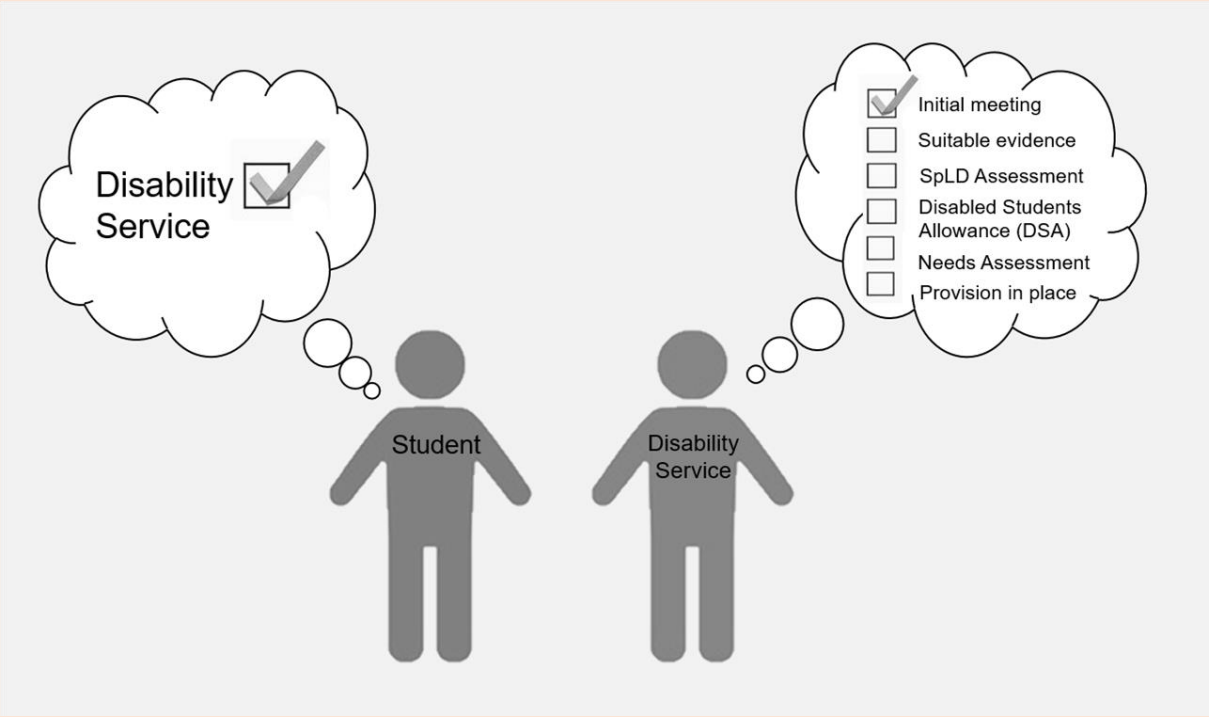


Figure 1 – Illustration of the disparity between students' perception of the process of engaging with the Disability Service and the Disability Service Adviser's perception

It transpired there was a misunderstanding of progress made and necessary next steps for securing specialist provision through the Disability Service. On the one hand, this misunderstanding was that of the student, who, due to the complexity of the process and the reliance on processing complicated written information presenting a barrier to engagement, wasn't aware that they were required to act further. On the other hand, there was also a lack of follow up on behalf of the

Disability Service, who were expecting the student, who had already outlined that they felt that they required support in processing complex information, to make further communication or take further steps in the complicated process. The fragmented and overly complex nature of this process is recognised by the Welsh Assembly Government in their recent evaluation, where it is noted that the current system ‘places too great an onus on the student to navigate themselves through [the system]’ with ‘the application form itself… a barrier to many students’ (Welsh Assembly Government, 2017, p. 3).

While the Welsh Assembly Government report goes on to discuss challenges in acquiring funding, needs assessments, time scales and assessors’ understanding of contexts; consultation of students’ records with their explicit permission highlighted that students hadn’t even progressed to the initial stages of the journey to accessing specialist support. This is therefore a further challenge not identified in the Welsh Assembly Government evaluation, and is potentially more of an organisational challenge. Further research is necessary to understand how other Higher Education institutions articulate the process to students.

In an attempt to address this disparity of expectation and understanding around Disability Service support and subsequent receipt of specialist provision, an accessible infographic was developed in order to demystify the process and presents the necessary stages in an accessible format to all parties. This infographic took the shape of a road to symbolise the journey students would take in engaging with the service and to represent the necessary stops along the way to reaching the desired destination. On reflection, the analogy of a road or journey is an interesting one, which conjured up some further metaphors in the later consultation stages.

In developing the Infographic, the Course Leader and Disability Service Manager were eager not to deter students by emphasisng the complexity of the process, but were also passionate about creating a useful and realistic tool for engaging with the service. As such all the necessary information was included in a clear and visually accessible format. Funding from the Faculty Learning and Teaching Committee enabled collaboration with a Graphic Designer to develop the infographic in a professional, aesthetically pleasing way.

As the authority in the process of engaging with the service, the Manager of the Disability Service presented what she perceived to be the six key steps in securing specialist support. Having established the six key steps, consideration was given to what information was essential and useful, and what information might merely complicate students' engagement. It was decided that a document that could be used digitally and in print would be valuable, so web links were included either to click electronically, or to photograph or write down if the document was seen in print. The document was developed to be printed at A2 size in poster format as well as in A4 print as a handout, and thus graphics which worked well at this scale were created. A first draft was created and crucially circulated for consultation with key stakeholders.

Stakeholders included students who had successfully engaged with the Disability Service and been through the six steps; Disability Service Advisers who support students in engaging with the six steps; colleagues in associated departments who's provision is referenced e.g. Student Development and Study Skills; academic colleagues who have engaged with Disability Service support in the past; academic colleagues with no experience of engaging with the Disability Service; Faculty Learning and Teaching Committee; and Student Voice Representatives, who may or may not have engaged with the Disability Service.

Signposting to other services was considered important in order to emphasise which services were complementary and which shouldn't be considered a replacement for one another. Historically, there has been some frustration when students who identify as experiencing specific learning needs approach the Study Skills service hoping to receive specialist support, when the remit of the service is quite distinct to that of the Disability Service. Managing student expectations is very important to overall student experience and by ensuring that students were confident with which services they could access regardless of learning needs or diagnosis, it was hoped that students would more confidently engage in appropriate services to support relevant learning needs.

Colleagues and students also provided guidance on fonts, spacing, layout and accessibility of the design and format. This was further developed in the second draft, where background colours were adjusted to support learners with dyslexia and

fonts were adjusted both for ease of reading and access to screen readers. Stakeholders who had less experience of engaging with the Disability Service in the past were surprised at the detail involved in the process and found the infographic a constructive format for educating them in this. Stakeholders who were heavily involved in the process of providing specialist support commented that there should have been a resource like this many years ago and questioned why in fact there hadn't been. This was an interesting reflection, and posed the question as to how students overcame the complexity of the process in the past, and what proportion of students may not have accessed specialist support due to this barrier of complication and misunderstanding.

An interesting observation came from the group of Student Voice Representatives. It isn't known whether this group of students had personally engaged with the Disability Service. Their comments were that the analogy of the road should include speed bumps or traffic lights to emphasise the waiting or potential delays that they perceived were an inherent part of the process: 'Some felt that [without these bumps or traffic lights] it may give students the impression that it was an easy journey to negotiate' (Student Voice Representative feedback).

This was particularly insightful feedback – either about the known experience of the service being about waiting or delays, or about the expectation that such a process would or should take a long time. While there certainly are bumps in the road, and many students report challenges in accessing support due to financial or diagnostic challenges (Sparks and Lovett, 2014; Welsh Assembly Government, 2017); the intention of the infographic was to emphasise the possibility of engaging with specialist support and what this could offer students to enhance their learning experience.

As the Student Voice Representatives made a valid point, and potentially one drawn from personal experience, traffic lights were chosen to illustrate the necessary stages of progression from one step to the next. For example the light might be at red until documentation is collated to evidence diagnosis; or might be on amber while funding is agreed but detail of appropriate provision is arranged; or might change to green when the student completes and returns the necessary Disabled Students Allowances (DSA) forms.

Further research is necessary to understand whether the Student Voice Representatives' comments were based on lived experience of bumps in the road in accessing Disability Service support, or were assumptions that such a process would or should take a long time for disabled students.

Further to the traffic lights, some statistics were added which represent the potential benefit to students of engaging in this process: 'Most students (over four fifths) agreed that the DSAs support had made a significant positive impact on their overall performance' (Welsh Assembly Government, 2017, p. 52). In addition, an anonymised student quotation from a student who had engaged successfully with the Disability Service was incorporated:

'Last year, I really struggled with the workload but the support of my Disability Service tutor has really helped. I feel that engaging with the Disability Service support has really helped me with my academic work. I would thoroughly recommend promoting the service for those who are struggling' (Anonymised Student Quotation taken from USW Disability Service Infographic).

It is hoped that these additions give a balanced and realistic overview of the challenges and benefits of engaging with this specialist provision.

Once final changes and revisions were incorporated, the infographic was launched and shared at the university's annual Learning and Teaching Conference (Pickard and Norris, 2018). The infographic was also published on the university's internal home page and circulated to through key colleagues across faculties. It is intended that this resource will be utilised with future applicants through Enquiries and Admissions, students as they enrol through Student Administration, during engagement with the Disability Service, at year tutor meetings and academic tutorials with academics and for information through a range of services such as the Advice Zone, Study Skills and Marketing.

Initial feedback has been resoundingly positive, with disabled staff commenting on the utility of the resource, as well as students negotiating the process for the first time.

Conclusion

Engaging in this pilot collaboration was a very insightful and informative experience which provided a different vantage point on inclusive practice within the university. While the Disability Service are rightly seen as the authority on disability provision, it was surprising to understand such a medical model underpinning the provision and process, and to realise that the vast number of students who didn't qualify for accessing the service would need to find alternative means of engaging with their learning needs. Again, this isn't intended as a criticism of the Disability Service in any sense, but is rather an important realisation that academic staff need to take much further responsibility for developing the accessibility of their provision (Liasidou, 2014).

If principles of universal design for learning (UDLL, 2016) were more widely engaged with, there might be less reliance upon specialist support (Griful-Freixenet et al., 2017; Bedrossian, 2018). There will inevitably be students who are on the threshold of requiring specialist support and if they are unable to receive that support, there needs to be a deeper consideration by academic staff of their learning experience. While in primary and secondary education it is much more likely that an educator would have access to very specific guidance on the learning needs of a pupil and strategies for enabling their meaningful participation, in Higher Education it appears that this level of detail is much less possible to acquire (Mortimore and Crozler, 2006; Kendall, 2016). Some students may not choose to disclose their learning needs, while others may not be aware of them. As such, there is much more responsibility upon academic staff to ensure that their provision is as widely accessible as possible (De Bie and Brown, 2017), ensuring that those who do not access specialist support can still access the education for which they have paid and subscribed.

Some academics describe this as a shift away from a normative, ableist discourse in academia (Moore and Slee, 2012; Bolt and Penketh, 2017; Brown and Leigh, 2018), advocating that the notion of 'reasonable adjustment' only serves to perpetuate an interpretation of disability as deficit. While other authors take a social justice approach (Valenzuela, 2007; Gibson, 2012; Liasidou, 2014), encouraging educators to consider the socio-cultural processes at play in their educational environments.

The next project between the Creative and Therapeutic Arts degree and the Disability Service proposes to develop a system whereby students can share the notes they take during lectures with their cohort. It is hoped that this will be a valuable opportunity for students to experience in practice some of the principles of universal design for learning they are encouraged to employ in their creative arts workshops. It will however be vital to learn from the experiences of students in understanding if this mechanism is constructive or meaningful (Griful-Freixnet et al., 2017).

In designing the initiative, there was a clear desire to move away from the hierarchy of the expert and the student in need, and thus a model is proposed whereby students are given training in a range of note taking methods and styles but encouraged to upload their diverse and rich examples to support each other's and their own development. In this way, a highly academic 'read-write' learner can benefit from engaging with the cartoons drawn by their peer who has Autism, or a student who has dyslexia and has difficulty writing their own notes while attending to the lecturer simultaneously can revisit the written notes of a peer, read aloud by software accessible to all through the university.

This is a small-scale pilot embedded within one module of the programme initially, to understand student perspectives towards the initiative, and whether the quality of the notes taken meet the needs of learners. This project is by no means intended to discredit or make redundant the vital work of the Disability Service and specialist support, but is hoped to provide constructive interim support in the first term of study.

While Taylor, Baskett and Wren (2010) advocate that support from the outset is imperative for disabled students, and Kendall (2016) reports that this is so in her case study, this is unfortunately rarely the case at this university. There is often a tension between pending Disability Service support in the first term and immersive learning agendas when students without access to necessary support are expected to complete early assessments. It is hoped that this proactive model of sharing resources and expertise will address this shortfall in the first term, and may develop a community of learning between students. This will also be an authentic opportunity to understand the potential of inclusive practice and universal design for learning: emphasising to students through experiential learning the sociocultural dimensions

of inclusive practice in addition to logistical and practical considerations (Valenzuela, 2007; Gibson, 2012).

A vital response to this pilot project will be to engage much further in principles of inclusive practice and universal design for learning in Higher Education, in order to limit the segregation of disabled students to specialist services and to ensure a parity of experience for all learners.

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Appendix 19 - Research Summary Report and Presentation to USW Equality Steering Group (Pickard, 2020)

- Full reference: Pickard, B. (2020), ‘How is Disability Portrayed Through Welsh Universities’ Disability Service Webpages: A Critical Disability Studies Perspective’, Unpublished Report, Presented to USW Equality Steering Group, 9th July 2020.

How is disability portrayed through Welsh universities’ disability service web pages: a Critical Disability Studies perspective

Beth Pickard

- This is a summary report for the USW Equality and Diversity Steering Group, to accompany a presentation given on Thursday 9th July 2020.
- A pre-print of the related journal article for International Journal of Learning and Teaching in Social Sciences is available on request. The article is due to be published in Spring 2021.
- The full data set is also available for discussion should this be constructive.

Introduction

This research study was motivated by a portfolio of work relating to inclusion, access and equity in Higher Education (Pickard, Forthcoming) as well as a newspaper article by Butterwick (2019) and the Department for Education (2019) Evaluation of Disabled Students’ Allowances (DSAs). Butterwick (2019) and Department for Education (2019) noted that few disabled applicants were aware of the provision they might be entitled to in Higher Education, while disabled students who had enrolled in Higher Education noted that awareness of this provision was instrumental in enabling them to apply and attend. This study was developed to understand what a disabled applicant’s experience of the ‘shop window’ of Welsh universities might be. The research questions for this study were:

- How are Welsh universities portraying the construct of disability through their Disability Service (or equivalent) web pages?
- What elements of students' experiences are considered and prioritised on these web pages?
- What is the implicit message on these web pages about the experience of being a disabled student in higher education in Wales?

Methodology

The faculty ethics committee were consulted but a formal application was not deemed necessary for this desk-based research, which adhered to BERA Ethical Guidelines for Educational Research (BERA, 2018). This research study was eager to explore the implicit portrayal of disability, informed by the theory and philosophy of Critical Disability Studies (Shildrick, 2012). The method of Qualitative Content Analysis (Schreier, 2012) was selected to enable rigorous and reliable coding of the data, through a concept-driven coding frame. This enabled recognition of the prominence of certain features as well as the absence of others. The Disability Service (or equivalent) websites of all nine Welsh universities[i] were captured over a one-month period (June-July 2019). The static records were then analysed. Following the completion of the coding frame, a further Thematic Analysis (Braun and Clarke, 2006) was conducted of the qualitative examples extracted in relation to each code. From this process, four themes emerged, which will be discussed in the Results section.

Results

In addition to the Qualitative Content Analysis summarised in Table 1, four themes were identified through a Thematic Analysis (Braun and Clarke, 2006) of the extracts included as indicators for each code. These four themes are briefly summarised below.

Theme			Total
Medical/ Individual Model Narrative			666
Social Model Narrative			358
Voice of Disabled Students			63
Legislation, policy			120
Visual Representation of Disability			65
Accessibility Considerations			63
Travel, transport, campus			91
Provision Available: Academic			815
Language that maintains the privacy of a disability, disclosure			78
Provision Available: Social and Cultural			71
Provision available: Wellbeing			26
Provision Available: Accommodation			74
Provision Available: Financial			248
Provision Available: Application Stage			54
Contact Information			1078
Reference to external information or schemes			130
Photography/ Imagery	Landscape imagery		60
	Figures	Gender	187 female (57%) 129 male (39%) 14 unknown (4%)
		Ethnicity	303 white (92%) 27 non-white (8%)
		Disabled	36 (11%)
		Cartoon	31
	University campus	68	
	Objects	170	
Inaccuracy / Inconsistency			67
Information for external parties other than disabled applicants			359
Information in other formats			31
Assessment			226
Specify current or prospective students	Current		58
	Prospective		96
	154		
Statistics			14
Benefits to all			80
Access not possible, links not working			54
Transition Event			116
Specialist Centre			113
Careers, Employability			17

Table 1 – Outcome of the Qualitative Content Analysis (Schreier, 2012)

The Parsonian Sick Role

This theme relates to Talcott Parsons' (1951, 1964) notion of the 'sick role' whereby those who are deemed ill are expected to accept a particular role in society and accept that they are in need of help and be reliant on others. This emerged as a theme across the entire sample, whereby disabled students were assumed to inevitably require help to exist and thrive in Welsh Higher Education, with the responsibility for seeking this help residing with the individual, rather than the institution. Students are encouraged to 'disclose' their disability in order to receive such help, and thus adhere to a particular social role.

Erasure of Disabled Presence

As is illustrated by the statistics in Table 1, there was a distinct lack of content authored by or overtly developed with disabled students and a lack of visible representation of disability or accessibility in the imagery used. This contests the Disability Rights Movement's ethos of 'nothing about us without us' which values disabled people's insight and expertise in developing provision. As such, the majority of the content represented what Kate West (2020) recently coined the 'neurotypical university', whereby the provision is designed for the non-disabled majority.

Lack of Holistic Considerations

Across the sample, there was an overwhelming emphasis on academic and financial dimensions of university study. There was a lack of discussion of social and cultural experiences at university, or experiences beyond the classroom, such as field trips and placements. It is acknowledged that this may reflect what Disabled Students' Allowance (DSA) will fund, and that such matters may be discussed elsewhere on the universities' websites. However, if a disabled applicant visited these pages to glean insight to their experience on campus as a disabled student, they would see only a specific portion of student life reflected.

Disability Advantage

There were a small number of exemplary statements in the sample which illustrated how disabled applicants could be understood to bring significant value to an institution, and that their profile could be understood to include strength as well as challenges. This reflects a growing awareness, particularly across Creative Industries (Universal Music, 2019) of the value of diversity in the workforce. While this was not evidenced across the sample which was dominated by medical model language, there is scope to draw from these examples of good practice to enhance the wider sample.

USW's Profile

As noted, most themes were representative of the entire sample, but within each coding category there was significant variation between each institution. As such, for the audience of this presentation and report (USW Equality and Diversity Steering Group) it felt relevant to locate some specific examples of the analysis of USW webpages. The other universities will not be identified to align with ethical procedures, however readers can visit each university's webpages if they wish to explore their pubic facing content further.

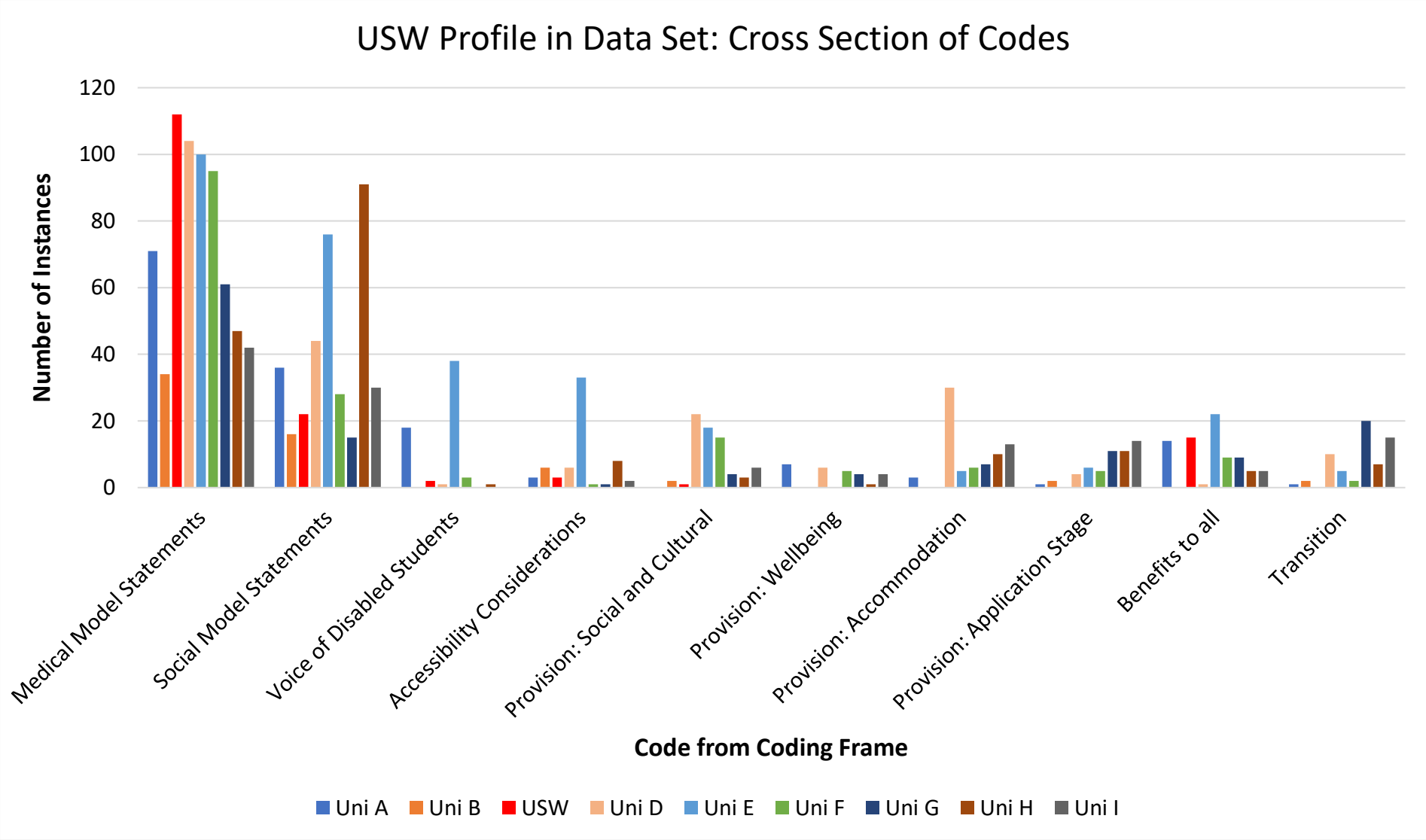
For the most part, USW was rarely the highest scorer or lowest scorer across categories. For many codes, USW was in the middle of the sample. It should however be noted that some websites were far more expansive than others, and so some universities had lower scores merely because they included less content overall. USW was again in the middle of the sample in terms of the volume and breadth of its webpages in this area.

Graph 1 provides a cross section of results from the Qualitative Content Analysis (Schreier, 2012) and highlights USW's position in the form of a red bar on the bar graph. In summary:

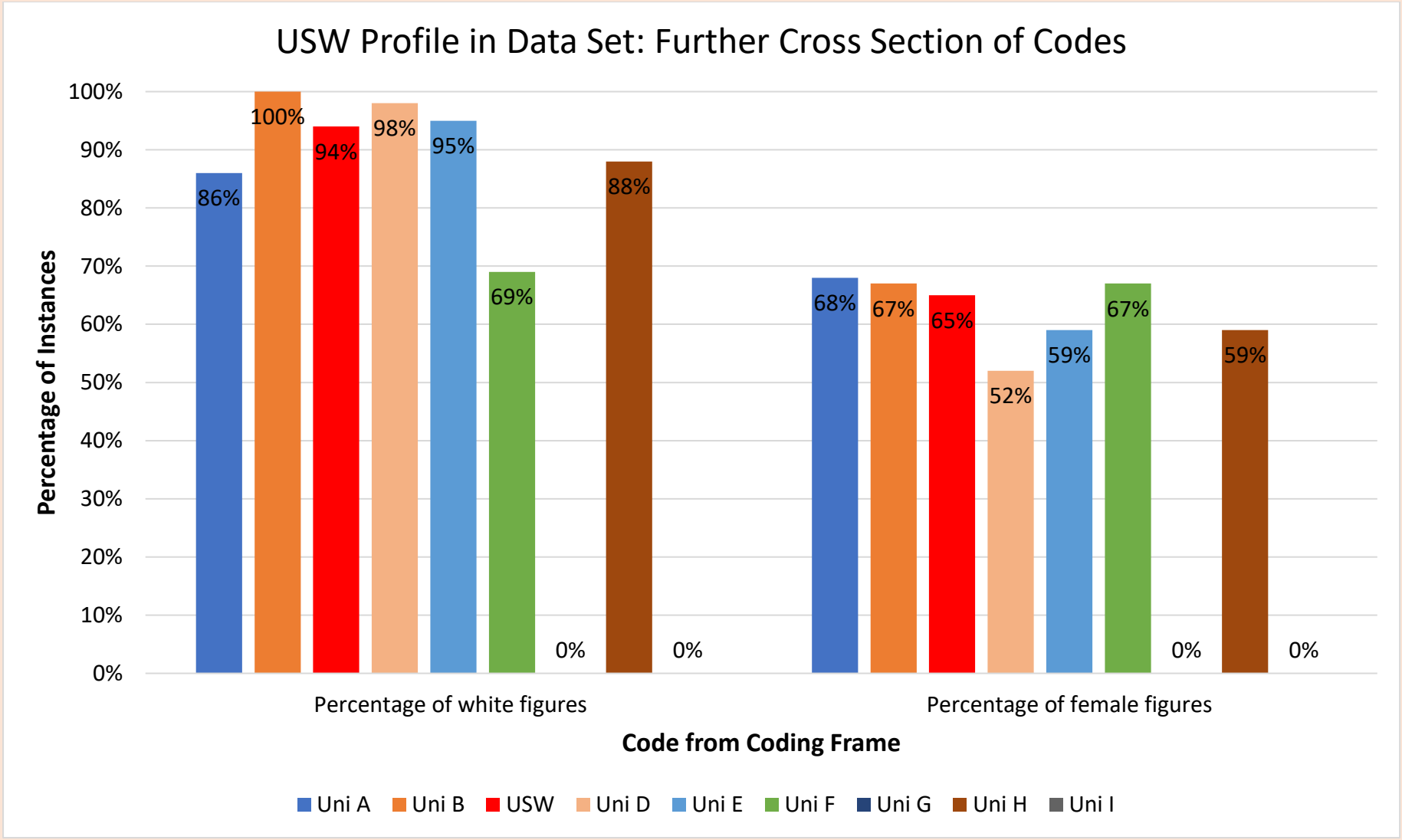
- USW has the highest number of medical model statements across the sample (112).
- USW has 2 direct quotes/authorship/overt consultations with disabled students, while the sector lead has 38.

- USW has 3 references to accessibility of content, while the sector lead has 33.
- USW has a low score (1) for social and cultural aspects of provision, while the sector lead has 22.
- USW has a low score (0) for discussion of accessibility of accommodation, while the sector lead has 30.
- USW includes 15 statements discussing Benefits to All Students of the provision discussed. This is near the middle of the sample, where the sector lead has 22.
- USW includes 0 reference to Transition events, yet there are good examples of this practice at USW. This may be the case for many other categories too (and potentially for other universities).

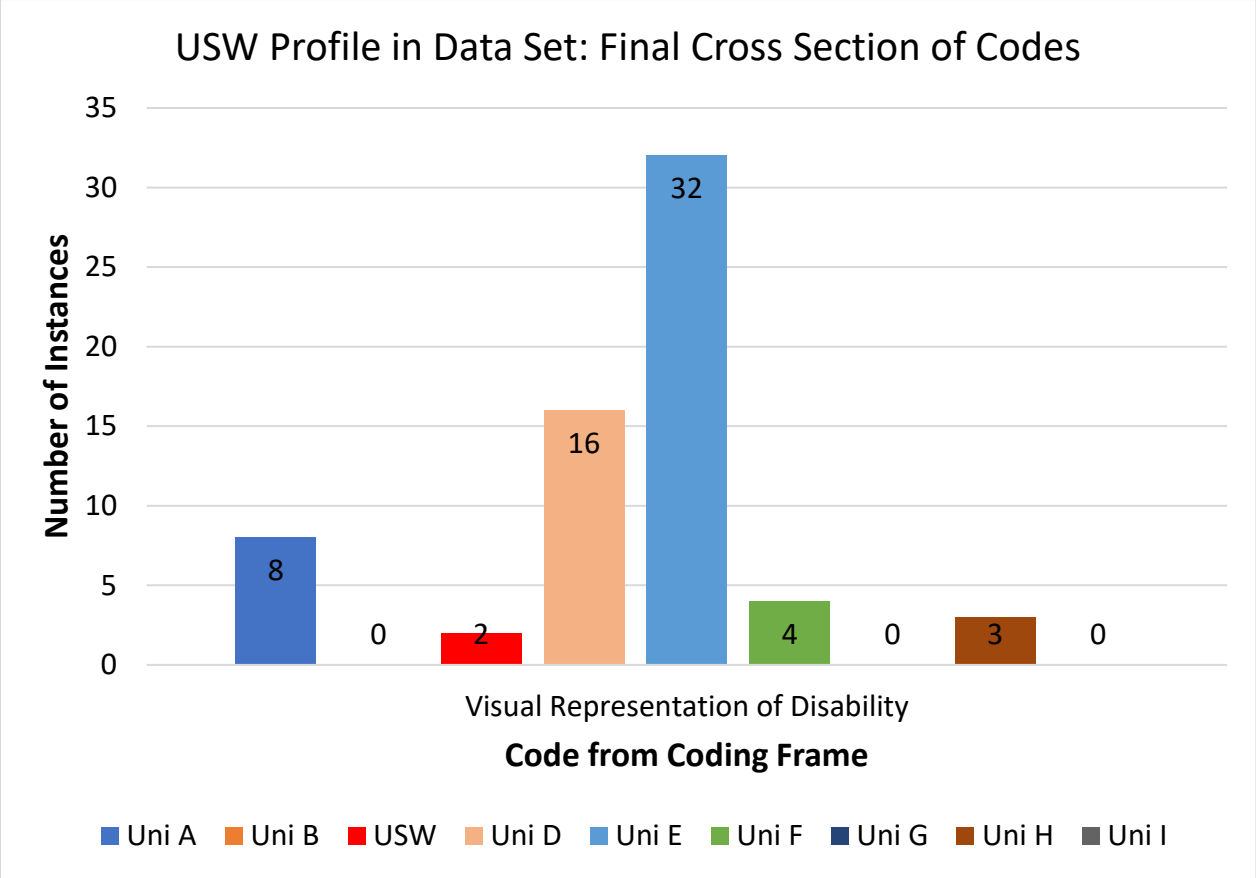
Graph 2 focuses on the imagery used on the webpages analysed, and the demographic of the figures in particular. Here, USW is approximately in the middle of the data set in relation to ethnicity of figures included. USW's figure is 94% white, whereas the rest of the sample range from 69% to 100%. Two universities didn't have any figures on their webpages and so scored 0%. When looking at the gender of figures included on the webpages, USW is again approximately in the middle of the sample, with 65% of it's figures appearing to be female. The wider sample ranges from 59% to 68% female, again with two universities without any figures. It is acknowledged that this analysis doesn't enable consideration of a wider spectrum of gender orientation or the more focused analysis of specific ethnicities, and a collaboration would be welcome to enhance the potential of enhancing this dimension of the research.



Graph 1 – USW Profile in Data Set: Cross Section of Codes



Graph 2 USW Profile in Data Set, Further Cross Section of Codes



Graph 3 – USW Profile in the Data Set: Final Cross Section of Codes

Graph 3 illustrates the number of visual representations of disability or accessibility included in the sample. In this category, USW scored lowest of all the webpages which included imagery, with only 2 visual examples, whereas the sector lead had 32. The sector lead in this field included exemplary examples of normalising inclusivity by including reference to accessibility through equipment, interpreters and accessible buildings in their web content.

To further contextualise these results, three worked examples are offered in figures 1-3. Figure 1 includes a worked example from USW's webpages to illustrate how some of the findings in Graph 1 relating to medical model language could be perceived and challenged.

USW: "We would strongly advise you disclose your difficulties to the Disability Service at the earliest opportunity: this provides us with the opportunity to investigate your difficulties and needs, as well as put the relevant support in place".

- **Disclose** = Secret? Shameful? (Kerschbaum. Eisenman and Jones, 2017). Do non-disabled students disclose or just share?
- **Difficulties** = If a student communicates through sign, is this a difficulty? If so, a difficulty for whom? If a student identifies as neurodivergent is this a difficulty they have? Or a difficulty they face in engaging with the 'neurotypical university' (West, 2020)? If a student lives with a chronic health condition, is it for us to label their life experience a difficulty? This language is quite loaded.
- **Investigate** = Does this suggest the student's experience is not sufficient to merit access to education? A power dynamic is suggested.
- **Needs** = Karen Beauchamp-Pryor (2013) discusses a shift from a "needs based" to a "rights based" model. Students have rights to access their education.
- **Support** = Does this imply the disabled student will necessarily require support to participate in university life? To some extent all students need and have the right to support. But should disabled students automatically need support, or could universal design for learning enable some students to access their learning with equity?

Figure 1 – Worked Example of Medical Model Language on USW webpages

Figure 2 gives a tangible example of best practice from the sector lead in relation to social model language and the theme of Disability Advantage.

The exemplary example in the sample relating to disability advantage suggested:

- Diagnostic assessment can be valuable to understand students' individual *strengths.*
- This source highlighted that dyslexic students likely have a very individual mix of strengths that will be an *advantage* in their studies.
- Alongside this, they openly acknowledged that difficulties arise because dyslexic people operate in a society in which communication has developed to *privilege* and 'to suit the non-dyslexic majority'.

This example places the 'problem' with society, not the individual,
and values the student's strengths and challenges.

Figure 2 – Worked Example of Social Model Language on Another University's Webpage

Figure 3 gives an example where USW has an example of good practice, which could be expanded upon and disseminated further, in relation to provision that benefits all students and promotes Universal Design for Learning (UDL).

- **USW discussed a number of resources that are available to *all* students,** such as Panopto, Supernova, Inspiration, multifunction printer/copiers, workspaces with height adjustable desks, Office365, wireless networks, laptops and recorders.
- **These statements didn't rely or relate to diagnosis and recognise that such provision benefits many/all students – in ways we might not even consider.**
- This is a strong example in USW's profile, and demonstrates some aspects of **Universal Design for Learning/UDL** (making the initial offer as accessible as possible).

Figure 3 – Worked Example of Benefits to All Code on USW webpages

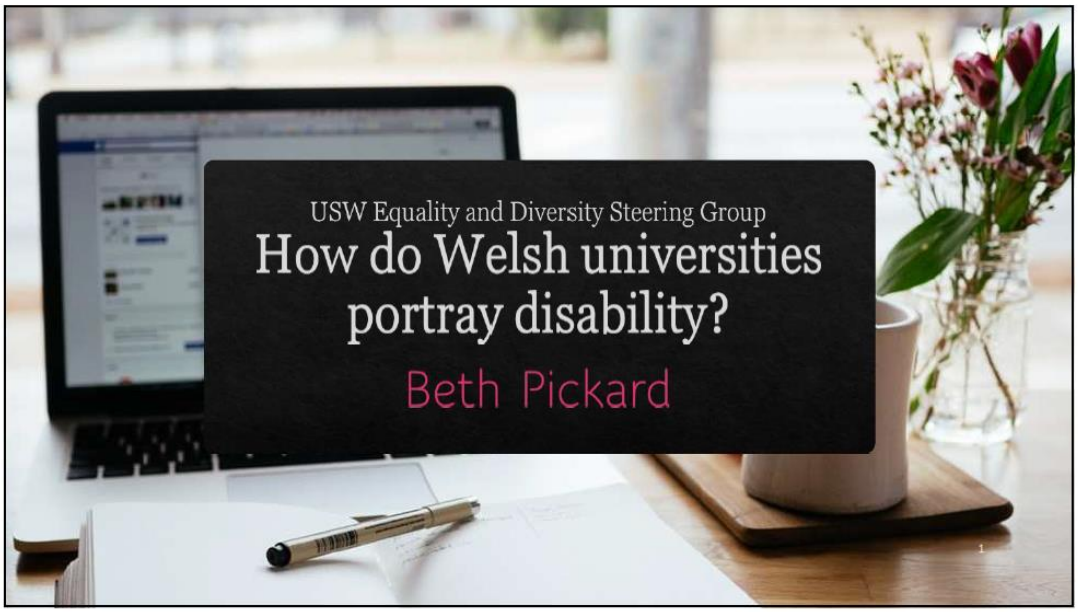
Conclusion and Recommendations

In summary, there are a number of examples whereby USW could improve its offer by developing the focus, wording and content of the webpages to amplify and value the voices of disabled students, normalise accessibility considerations and move away from such a prevalent use of medical model language. A wider demographic of students could be represented in the imagery selected. There are examples of good practice across the sample which could be consulted and learned from, which may influence the recruitment of disabled applicants in the future.

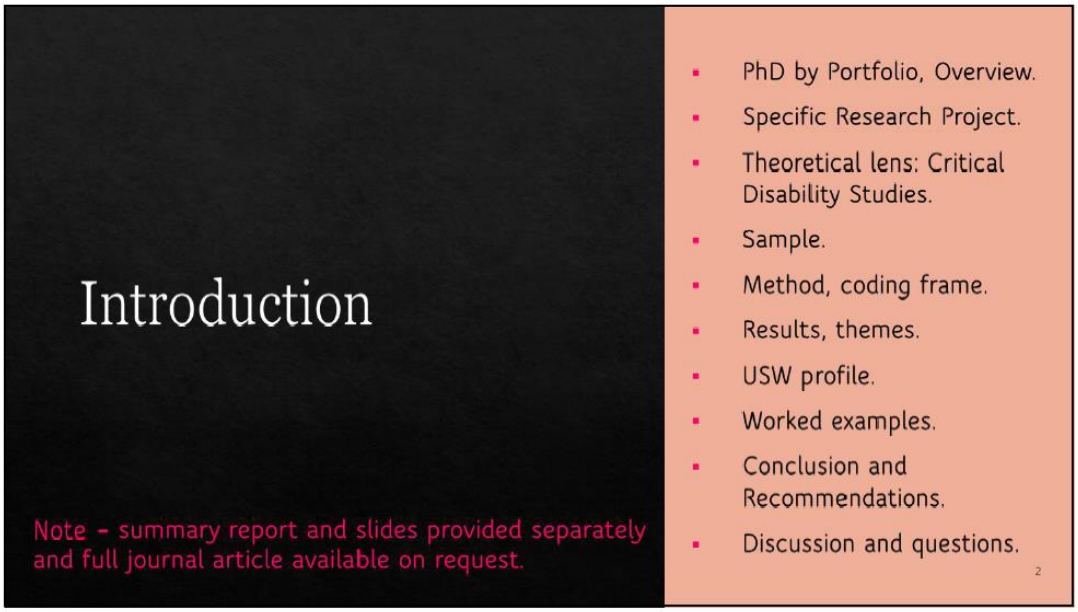
In responding to the initial research questions, disability is largely portrayed as a medicalised construct on Welsh universities' websites, with the individual deemed responsible for seeking support or resources to enable their learning. Academic and financial aspects of university study are prioritised, with less consideration of social or cultural aspects of university life. The implicit message across the sample is that Welsh Higher Education is not inherently accessible to disabled students, and that disabled students will need to 'disclose' their disability in order to receive equitable access to their education, via the Disability Service. It is proposed that this narrative

can and should be challenged in light of the increasing emphasis across the sector on Universal Design for Learning (UDL) (Martin et al., 2019) and in recognition of all stakeholders' responsibility for the accessibility of their provision (Pickard, Forthcoming).

Powerpoint Slides



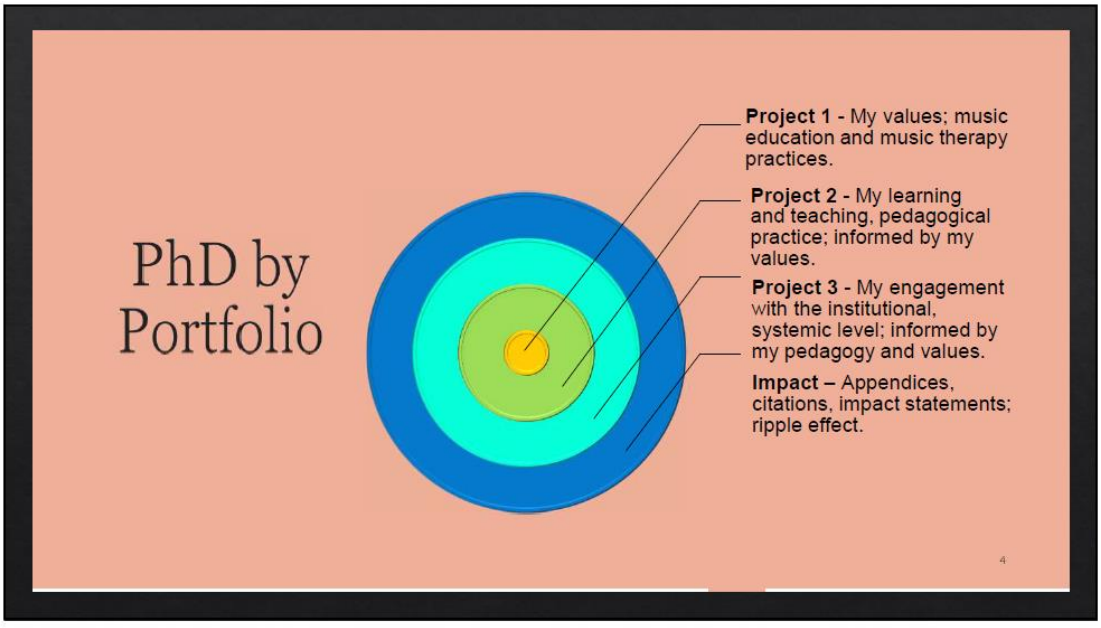
1



2


"Challenging Deficit-Based Discourse in Higher Education through a Social Connection Model of Responsibility: A Critical Disability Studies Perspective".
A Call to Action

3


PhD by Portfolio
Project 1 - My values; music education and music therapy practices.
Project 2 - My learning and teaching, pedagogical practice; informed by my values.
Project 3 - My engagement with the institutional, systemic level; informed by my pedagogy and values.
Impact – Appendices, citations, impact statements; ripple effect.

4

PhD by Portfolio: Projects

Project 1: Music therapy, music education practice.

Project 2: Learning and teaching practice.

Project 3: Engagement with wider USW Community and HE sector.

Research Project discussed today

5

5

Critical Disability Studies

Brown (2017), 'Comparing Different Approaches to Disability'

- Critical Disability Studies (Watson and Vehmas, 2020) is a discipline which explores, challenges and disrupts accepted definitions of disability as a medicalised construct.
- Informed by the Disability Rights Movement.
- Considers how the Social Model of Disability can shift our understanding of disability to include contextual and systemic elements.

6

6

Research Questions for this Project

- How are Welsh universities portraying the construct of disability through their Disability Service (or equivalent) web pages?
- What elements of students' experiences are considered and prioritised on these web pages?
- What is the implicit message on these web pages about the experience of being a disabled student in higher education in Wales?

7

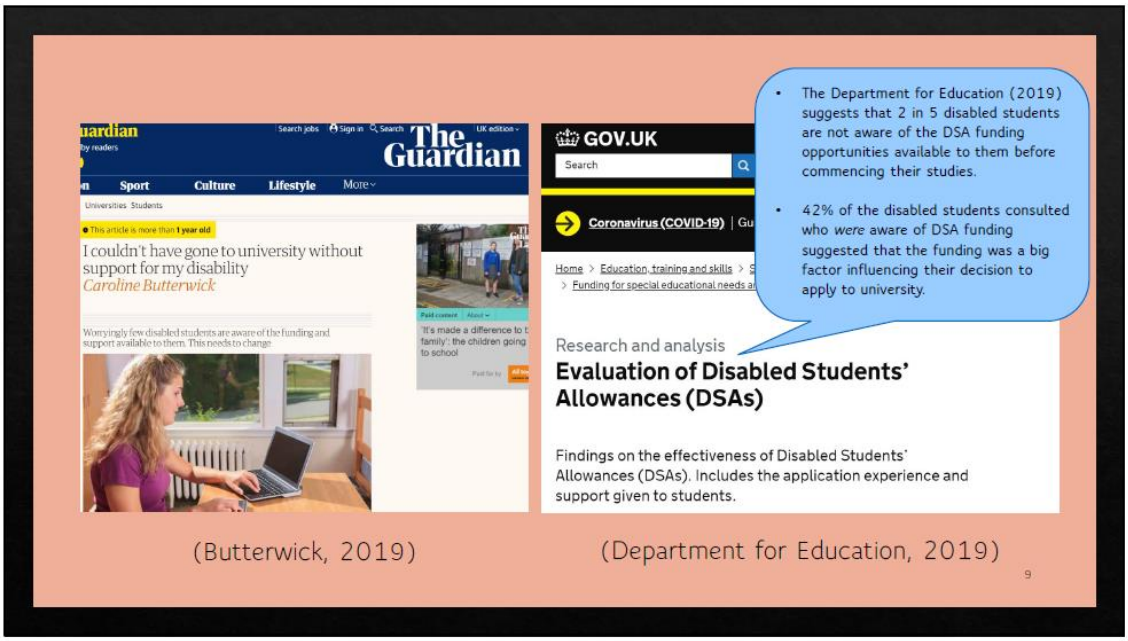
7

Context of this Project

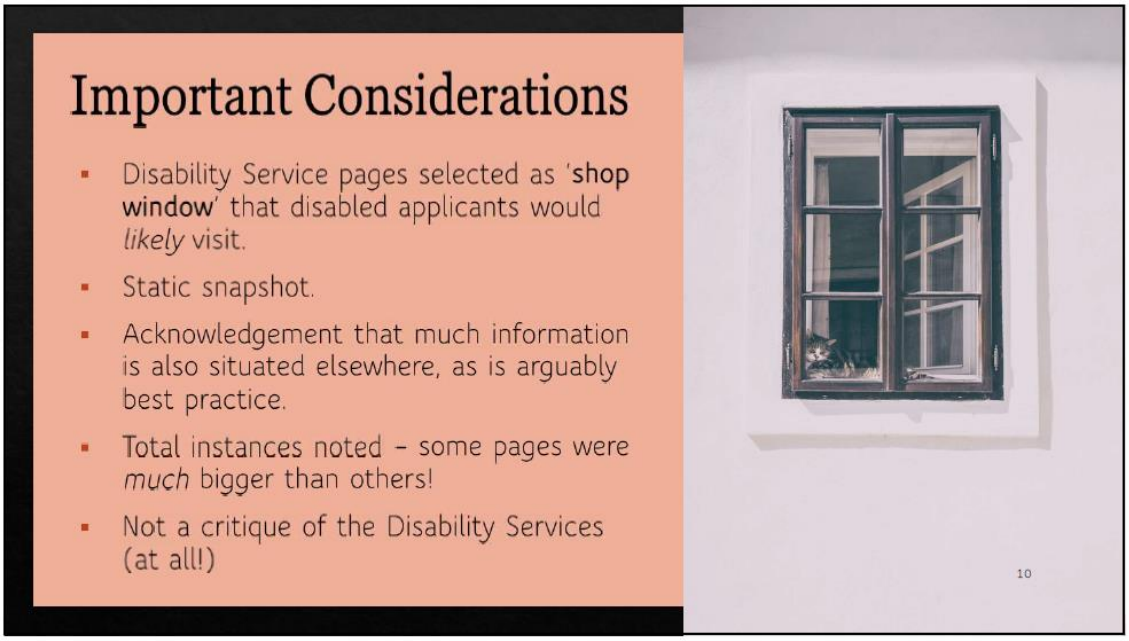
- A **qualitative content analysis** (Schreier, 2012) of Welsh universities' Disability Service (or equivalent) web pages.
- Surfacing the <u>implicit</u> portrayal of disability in Welsh Higher Education.
- Considering implications for disabled applicants and students as well as staff and the wider institution.
- Concept-driven coding frame, informed by Critical Disability Studies (absence and prominence).
- Accepted for publication in International Journal of Learning and Teaching in the Social Sciences (LATISS).

8

8


The Guardian
Sport
Culture
Lifestyle
I couldn't have gone to university without support for my disability
Caroline Butterwick
GOV.UK
Search
Coronavirus (COVID-19)
Research and analysis
Evaluation of Disabled Students' Allowances (DSAs)
Findings on the effectiveness of Disabled Students' Allowances (DSAs). Includes the application experience and support given to students.
The Department for Education (2019) suggests that 2 in 5 disabled students are not aware of the DSA funding opportunities available to them before commencing their studies.
42% of the disabled students consulted who were aware of DSA funding suggested that the funding was a big factor influencing their decision to apply to university.
(Butterwick, 2019)
(Department for Education, 2019)
9

9


Important Considerations
Disability Service pages selected as 'shop window' that disabled applicants would likely visit.
Static snapshot.
Acknowledgement that much information is also situated elsewhere, as is arguably best practice.
Total instances noted – some pages were much bigger than others!
Not a critique of the Disability Services (at all!)
10

10

Welsh Higher Education Sector

- Disability Service (or equivalent) web pages of all 9 Welsh universities captured over a one month period (June-July 2019), and analysed.

11

11

Concept-Driven Coding Frame (Schreier, 2012) – Presence

Theme	Subthemes	Indicator (exact detail from websites inserted here)	Frequency
Medical/ Individual Model Narrative	Focus on diagnosis/diagnostic label	*"If you have a diagnosis of"* *"For students who have a visual impairment"*	*2*
	Language with negative connotation e.g. "suffering from", "struggles with", "has difficulty with"	*"suffering with dyscalculia"* *"struggles with reading"* *"has difficulty accessing lectures"*	*3*
	Outdated language/terminology e.g. "handicapped", "wheelchair bound"	*"the student is wheelchair bound"* *"those who are handicapped"*	*2*
	Reference to being in need of help	*"if you require help"* *"we are here to help"*	*2*
	Individual responsibility for impairment	*"students must secure a diagnosis"* *"students must contact the centre"*	*2*
	Hierarchical language, authority; challenging student as authority of their own experience	*"if there is sufficient evidence"* *"from a suitably qualified expert"*	*2* ***Total=13***

12

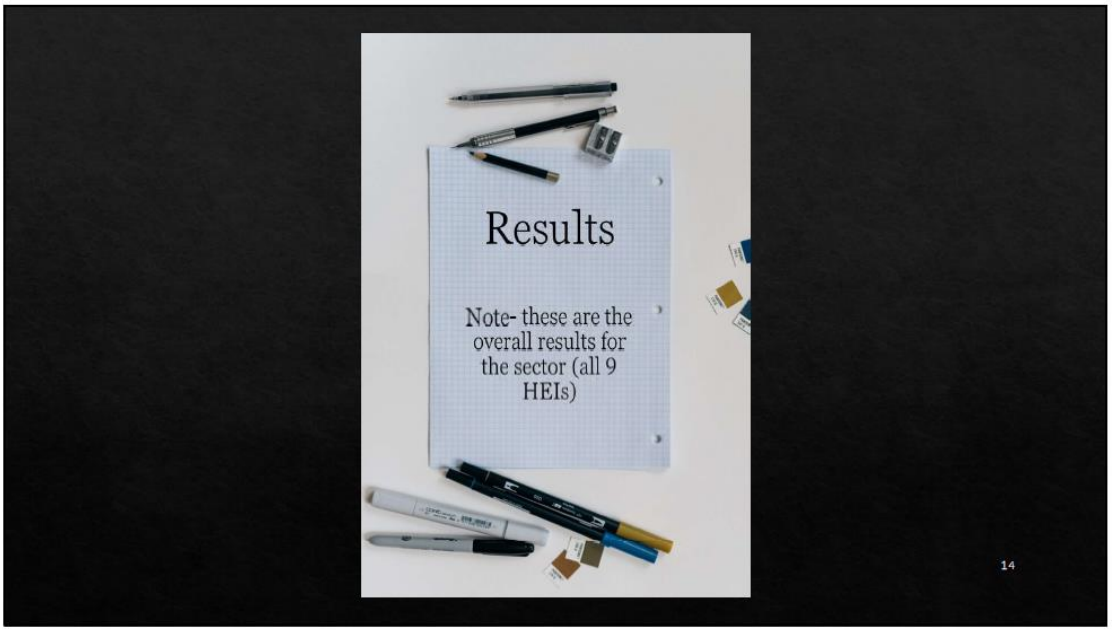
12

Concept-Driven Coding Frame (Schreier, 2012) – Absence

Theme	Subthemes	Indicator (exact detail from websites inserted here)	Frequency
Voice of Disabled Students	Voice of disabled students in quotation	*(None)*	***0***
	Voice of disabled students in authorship	*(None)*	***0***
	Voice of disabled students in consultation	*(None)*	***0***
			Total=0

13

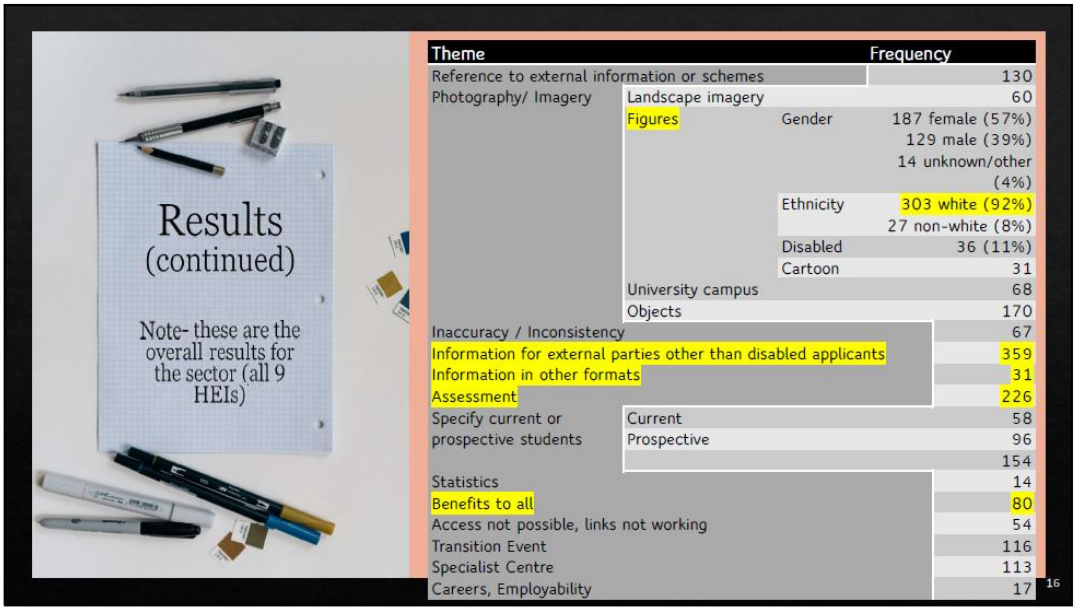
13



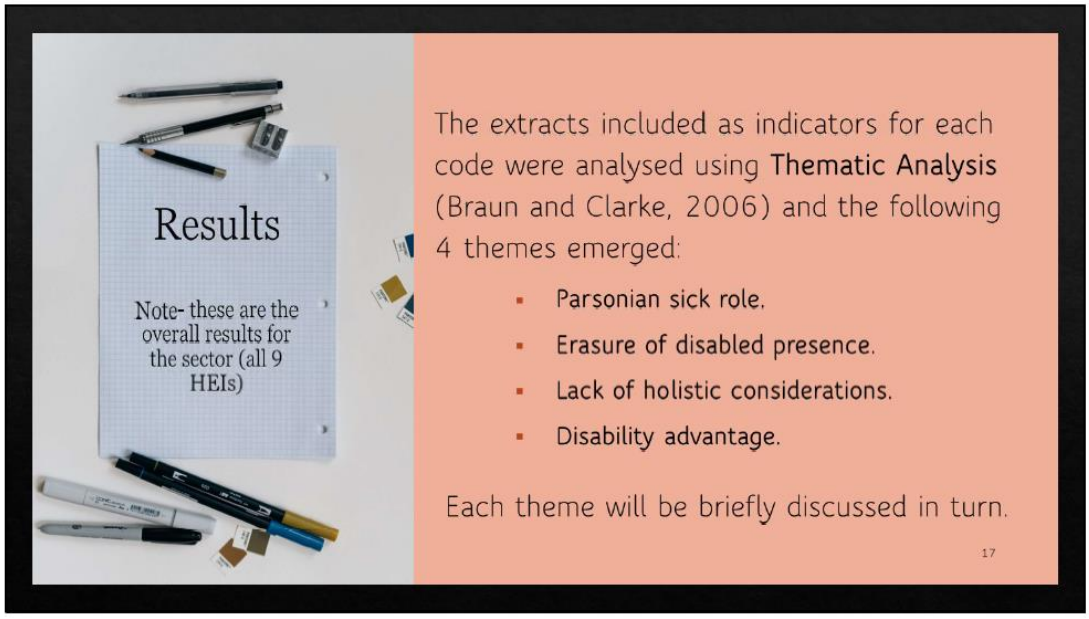
14


Results
Note- these are the overall results for the sector (all 9 HEIs)
Theme
Total
Medical/ Individual Model Narrative
666
Social Model Narrative
358
Voice of Disabled Students
63
Legislation, policy
120
Visual Representation of Disability
65
Accessibility Considerations
63
Travel, transport, campus
91
Provision Available: Academic
815
Language that maintains the privacy of a disability, disclosure
78
Provision Available: Social and Cultural
71
Provision available: Wellbeing
26
Provision Available: Accommodation
74
Provision Available: Financial
248
Provision Available: Application Stage
54
Contact Information
1078
15

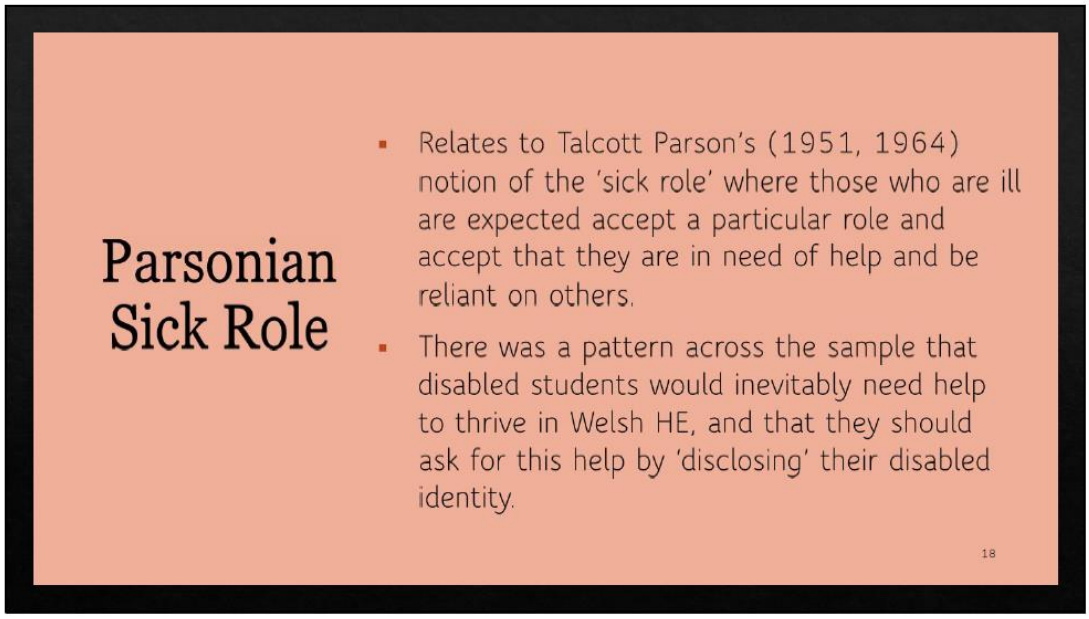
15


Results (continued)
Note- these are the overall results for the sector (all 9 HEIs)
Theme
Frequency
Reference to external information or schemes
130
Photography/ Imagery
Landscape imagery
60
Figures
Gender
187 female (57%)
129 male (39%)
14 unknown/other (4%)
Ethnicity
303 white (92%)
27 non-white (8%)
Disabled
36 (11%)
Cartoon
31
University campus
68
Objects
170
Inaccuracy / Inconsistency
67
Information for external parties other than disabled applicants
359
Information in other formats
31
Assessment
226
Specify current or prospective students
Current
58
Prospective
96
154
Statistics
14
Benefits to all
80
Access not possible, links not working
54
Transition Event
116
Specialist Centre
113
Careers, Employability
17
16

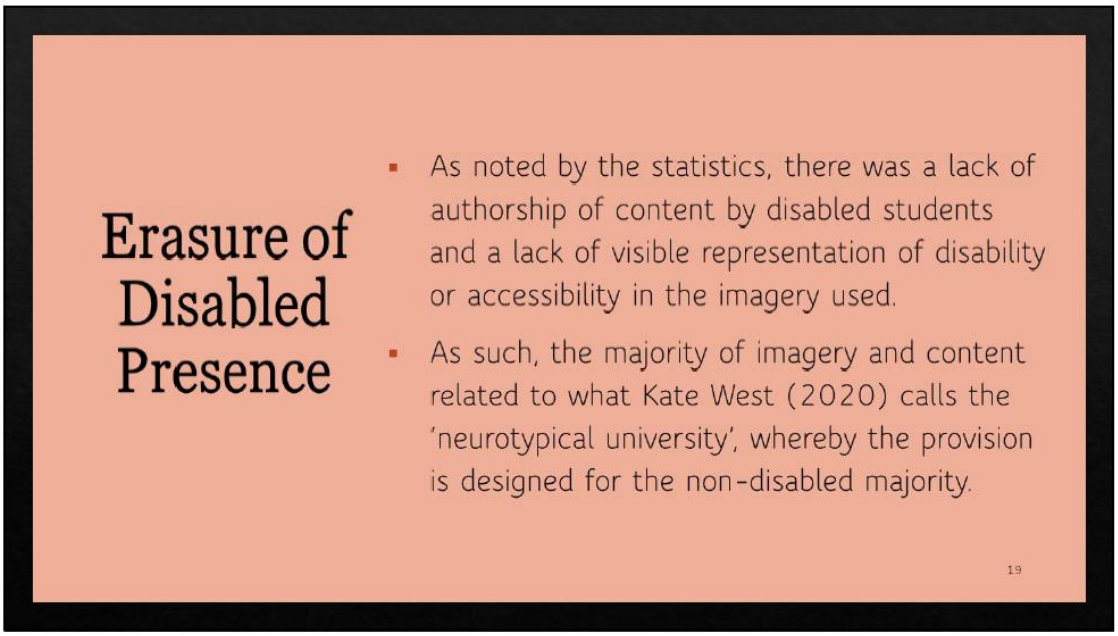
16


Results
Note- these are the overall results for the sector (all 9 HEIs)
The extracts included as indicators for each code were analysed using Thematic Analysis (Braun and Clarke, 2006) and the following 4 themes emerged:
Parsonian sick role.
Erasure of disabled presence.
Lack of holistic considerations.
Disability advantage.
Each theme will be briefly discussed in turn.
17

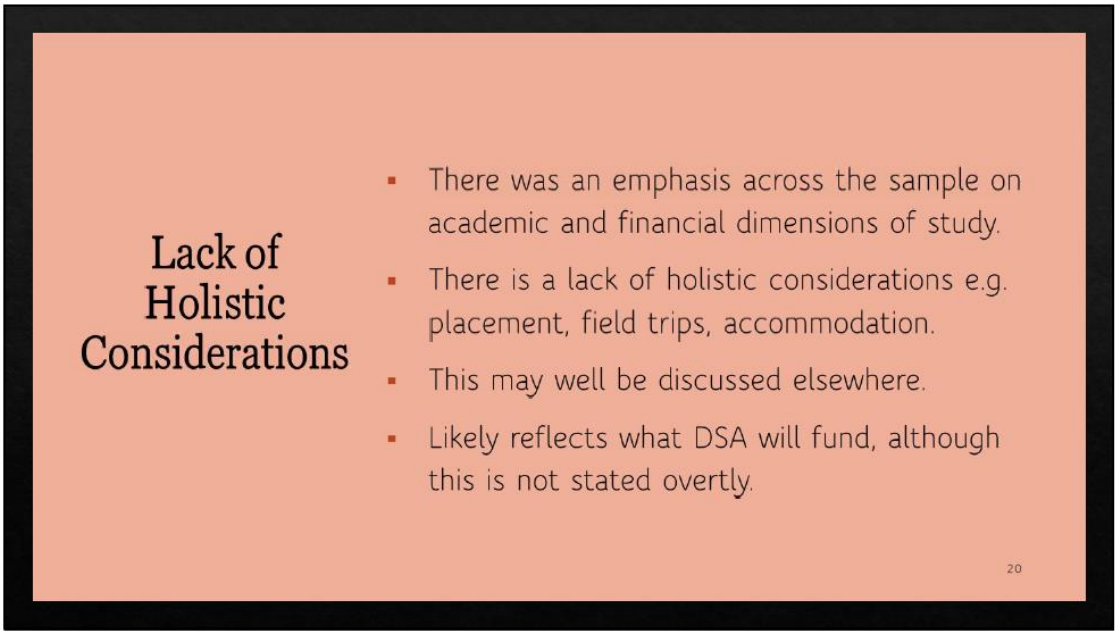
17


Parsonian Sick Role
Relates to Talcott Parson's (1951, 1964) notion of the 'sick role' where those who are ill are expected accept a particular role and accept that they are in need of help and be reliant on others.
There was a pattern across the sample that disabled students would inevitably need help to thrive in Welsh HE, and that they should ask for this help by 'disclosing' their disabled identity.
18

18


Erasure of Disabled Presence
As noted by the statistics, there was a lack of authorship of content by disabled students and a lack of visible representation of disability or accessibility in the imagery used.
As such, the majority of imagery and content related to what Kate West (2020) calls the 'neurotypical university', whereby the provision is designed for the non-disabled majority.
19

19


Lack of Holistic Considerations
There was an emphasis across the sample on academic and financial dimensions of study.
There is a lack of holistic considerations e.g. placement, field trips, accommodation.
This may well be discussed elsewhere.
Likely reflects what DSA will fund, although this is not stated overtly.
20

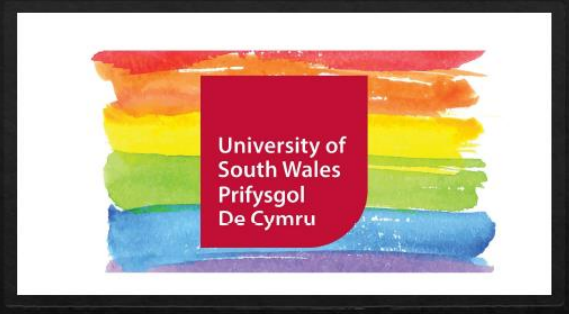
20

Disability Advantage

- Some good examples in the sample celebrate the value disabled students bring to the institution and the strengths in their learning profile.
- This reflects growing awareness of the value of diversity and could be disseminated and celebrated across the sector.
- This contrast the dominance of medical model language across the sample.

21

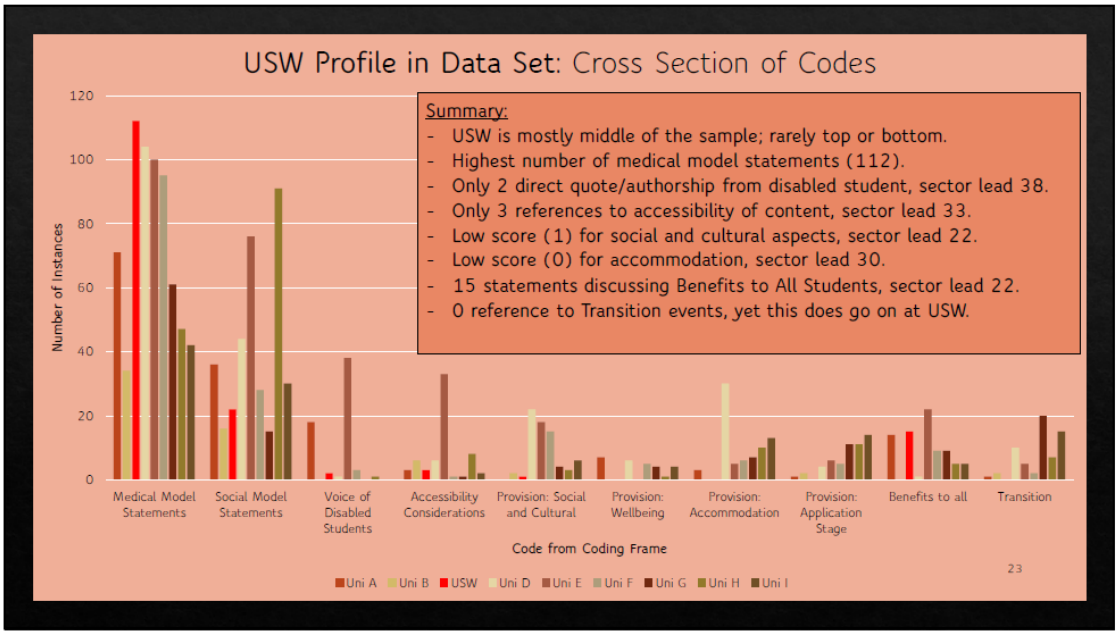
21



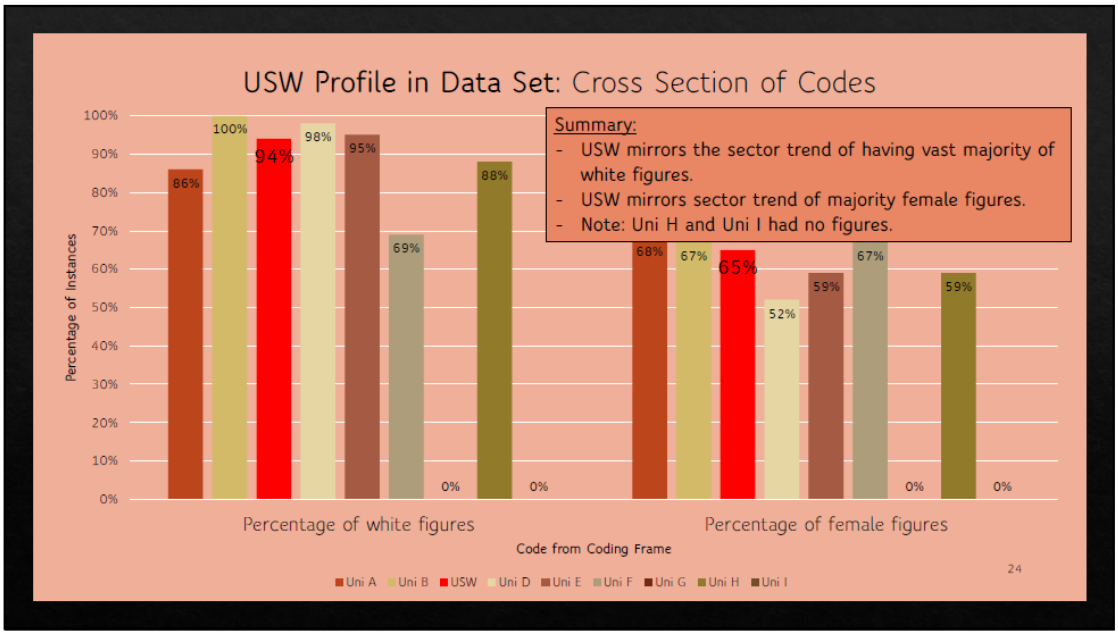
USW's Position in this Research

22

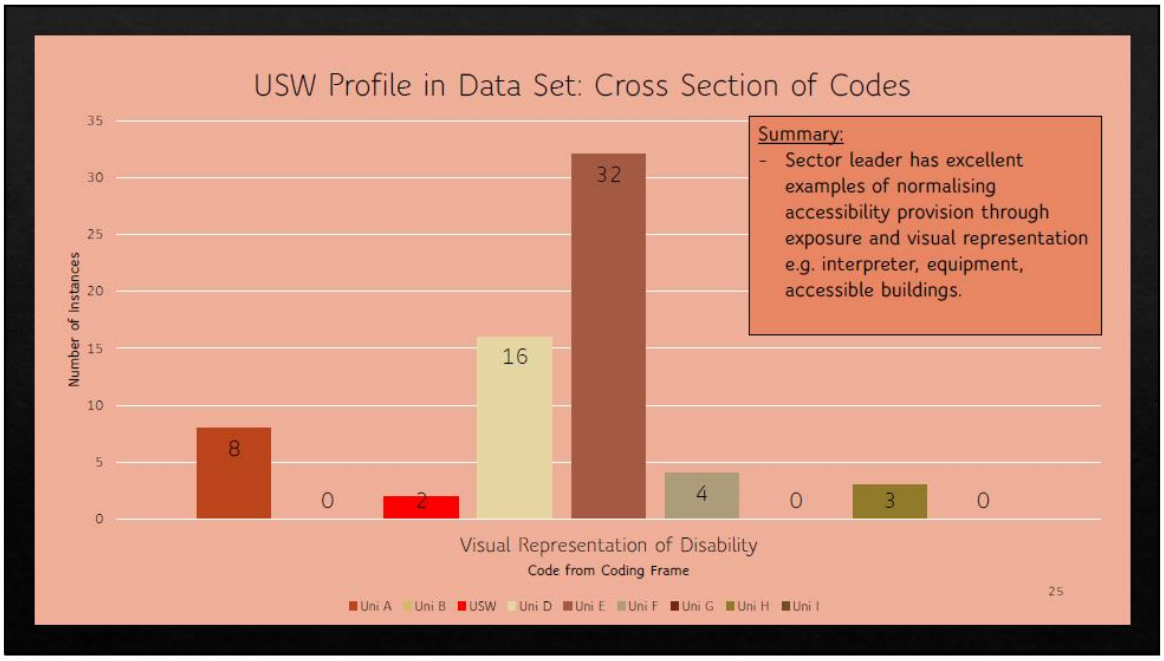
22


USW Profile in Data Set: Cross Section of Codes
Summary:
- USW is mostly middle of the sample; rarely top or bottom.
- Highest number of medical model statements (112).
- Only 2 direct quote/authorship from disabled student, sector lead 38.
- Only 3 references to accessibility of content, sector lead 33.
- Low score (1) for social and cultural aspects, sector lead 22.
- Low score (0) for accommodation, sector lead 30.
- 15 statements discussing Benefits to All Students, sector lead 22.
- 0 reference to Transition events, yet this does go on at USW.
Number of Instances
120
100
80
60
40
20
0
Medical Model Statements
Social Model Statements
Voice of Disabled Students
Accessibility Considerations
Provision: Social and Cultural
Provision: Wellbeing
Provision: Accommodation
Provision: Application Stage
Benefits to all
Transition
Code from Coding Frame
23
Uni A Uni B USW Uni D Uni E Uni F Uni G Uni H Uni I

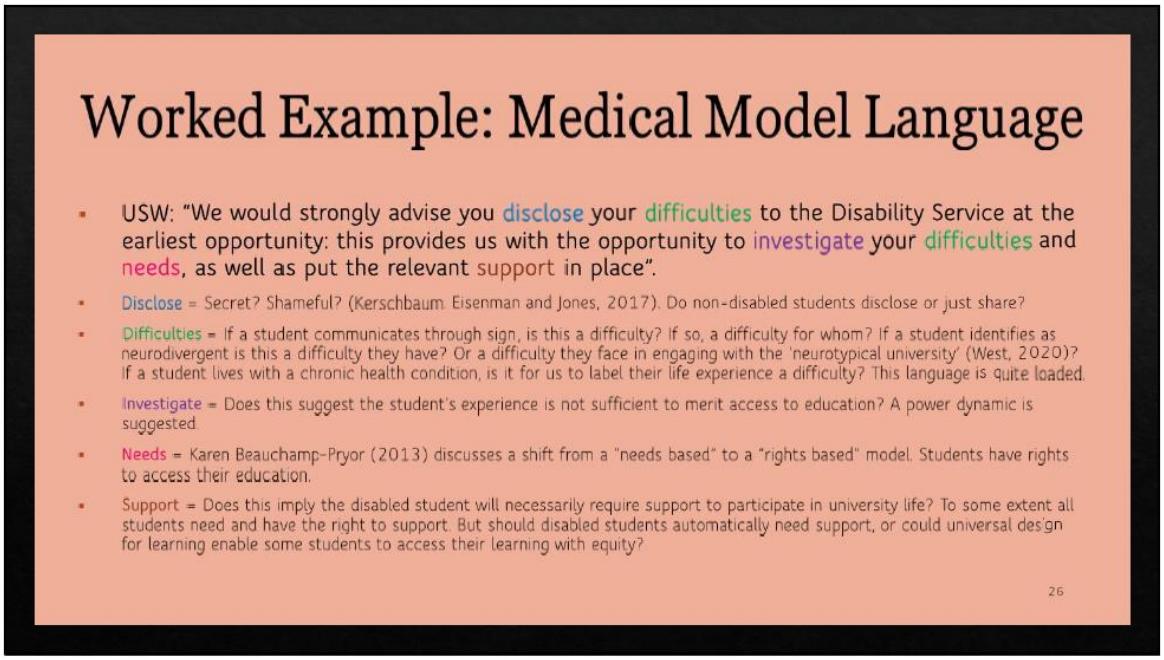
23


USW Profile in Data Set: Cross Section of Codes
Summary:
- USW mirrors the sector trend of having vast majority of white figures.
- USW mirrors sector trend of majority female figures.
- Note: Uni H and Uni I had no figures.
Percentage of Instances
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
86%
100%
94%
98%
95%
69%
0%
88%
0%
68%
67%
65%
52%
59%
67%
0%
59%
0%
Percentage of white figures
Percentage of female figures
Code from Coding Frame
24
Uni A Uni B USW Uni D Uni E Uni F Uni G Uni H Uni I

24


USW Profile in Data Set: Cross Section of Codes
Summary:
- Sector leader has excellent examples of normalising accessibility provision through exposure and visual representation e.g. interpreter, equipment, accessible buildings.
Number of Instances
35
30
25
20
15
10
5
0
8
0
2
16
32
4
0
3
0
Visual Representation of Disability
Code from Coding Frame
Uni A Uni B USW Uni D Uni E Uni F Uni G Uni H Uni I
25

25


Worked Example: Medical Model Language
USW: "We would strongly advise you disclose your difficulties to the Disability Service at the earliest opportunity: this provides us with the opportunity to investigate your difficulties and needs, as well as put the relevant support in place".
Disclose = Secret? Shameful? (Kerschbaum, Eisenman and Jones, 2017). Do non-disabled students disclose or just share?
Difficulties = If a student communicates through sign, is this a difficulty? If so, a difficulty for whom? If a student identifies as neurodivergent is this a difficulty they have? Or a difficulty they face in engaging with the 'neurotypical university' (West, 2020)? If a student lives with a chronic health condition, is it for us to label their life experience a difficulty? This language is quite loaded.
Investigate = Does this suggest the student's experience is not sufficient to merit access to education? A power dynamic is suggested.
Needs = Karen Beauchamp-Pryor (2013) discusses a shift from a "needs based" to a "rights based" model. Students have rights to access their education.
Support = Does this imply the disabled student will necessarily require support to participate in university life? To some extent all students need and have the right to support. But should disabled students automatically need support, or could universal design for learning enable some students to access their learning with equity?
26

26

Worked Example: Disability Advantage/Social Model

- The exemplary example in the sample relating to disability advantage suggested:
  - Diagnostic assessment can be valuable to understand students' individual *strengths*.
  - This source highlighted that dyslexic students likely have a very individual mix of strengths that will be an *advantage* in their studies.
  - Alongside this, they openly acknowledged that difficulties arise because dyslexic people operate in a society in which communication has developed to *privilege* and 'to suit the non-dyslexic majority'.
- This example places the 'problem' with society, not the individual, and values the student's strengths and challenges.

27

27

Worked Example: Benefits to All/UDL

- **USW discussed a number of resources that are available to *all* students,** such as Panopto, Supernova, Inspiration, multifunction printer/copiers, workspaces with height adjustable desks, Office365, wireless networks, laptops and recorders.
- **These statements didn't rely or relate to diagnosis and recognise that such provision benefits many/all students – in ways we might not even consider.**
- This is a strong example in USW's profile, and demonstrates some aspects of **Universal Design for Learning/UDL** (making the initial offer as accessible as possible).

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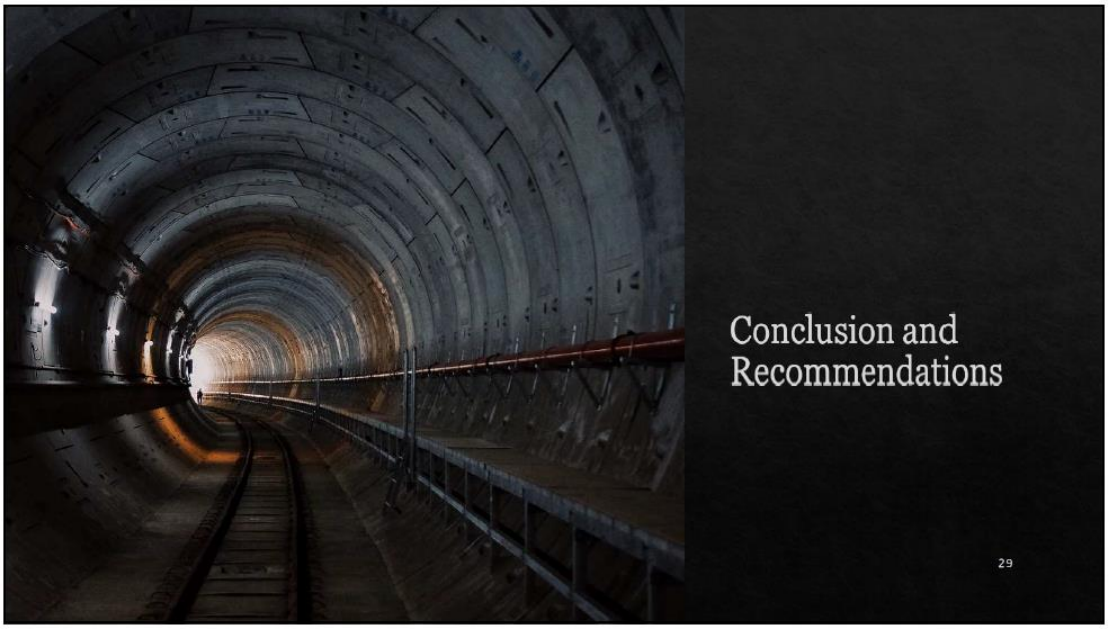

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Returning to the Research Questions for this Project

- How are Welsh universities portraying the construct of disability through their Disability Service (or equivalent) web pages?
  - Disability is largely portrayed as a medicalised construct on Welsh universities' websites, with the individual deemed responsible for seeking support or resources to enable their learning.
- What elements of students' experiences are considered and prioritised on these web pages?
  - Academic and financial aspects of university study are prioritised, with less consideration of social or cultural aspects of university life.
- What is the implicit message on these web pages about the experience of being a disabled student in higher education in Wales?
  - The implicit message across the sample is that Welsh Higher Education is not inherently accessible to disabled students, and that disabled students will need to 'disclose' their disability in order to receive equitable access to their education, via the Disability Service.
  - It is proposed that this narrative can and should be challenged in light of the increasing emphasis across the sector on Universal Design for Learning (UDL) (Martin *et al.*, 2019) and in recognition of all stakeholders' responsibility for the accessibility of their provision (Pickard, Forthcoming).

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Conclusion and Recommendations

- Build on good examples e.g. considerations that benefit all students, further links to Universal Design for Learning (UDL).
- Amplify and value the voices of disabled students, normalising accessible provision and potentially moving away from such prominent use of medical model language.
- Aspects of excellent USW provision not represented on the webpages e.g. transition activities, careers support, wellbeing.
- As such, we might not be recruiting as widely as possible since the breadth of provision is not represented.

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Wider Context of PhD Conclusion

- Advocating for increased awareness and application of principles of Universal Design for Learning across university departments.
- Shift from a "**needs based**" to a "**rights based**" discourse (Beauchamp-Pryor, 2013).
- Social Connection Model of Responsibility (Young, 2006) is an alternative to a liability model and replaces blame with a forward-looking call to action.
- Inclusion and accessibility is <u>everyone's</u> responsibility in HE.

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What are your thoughts/reflections?

- I'd be happy to discuss and reflect in whatever format is most accessible for you – whether in this space, or over a coffee another time, or over email.
- Let me know what works for you.

Beth.Pickard@southwales.ac.uk

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Appendix 20 - How is Disability Portrayed Through Welsh Universities' Disability Service Web Pages? A Critical Disability Studies Perspective (Pickard, In Press), and Statement of Acceptance for Publication.

- Confirmation of acceptance included below.
- Due for publication in Spring 2021 issue of Learning and Teaching: International Journal of Higher Education in the Social Sciences (LATISS).
- Full reference: Pickard, B. (In Press), 'How is Disability Portrayed Through Welsh Universities' Disability Service Web Pages? A Critical Disability Studies Perspective', *Learning and Teaching: International Journal of Higher Education in the Social Sciences.*

Learning and Teaching: The International Journal of Higher Education in the Social Sciences (LATISS)

FEEDBACK TO AUTHORS

Paper Title… How is disability portrayed through Welsh universities' disability service web pages: a Critical Disability Studies perspective

Paper Number… 450 Category…Article

Author(s)… Beth Pickard Date… May 2020

Dear Colleague

We would like to accept your paper for publication in LATISS subject to some minor changes. Please consider all the editing points made by Referee 20 and Referee 262 and the suggestion made by Referee 261. You may want to reorganise the conclusion as Referee 262 suggests but I think your longish conclusion works well.

It would help us a lot if you could make the revisions on the annotated version attached using track changes.

We would like to include your article in our next general issue. That's scheduled for Spring 2021 but it might end up being earlier if the special issue planned for Winter 2020 is not ready in time.

So please can you send us your revised version by Monday 6 July 2020?

Yours sincerely

Penny Welch and Sue Wright

Correspondencel to Penny Welch P.Welch@wlv.ac.uk and Sue Wright suwr@edu.au.dk

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How is disability portrayed through Welsh universities' disability service web pages: a Critical Disability Studies perspective

Beth Pickard

Abstract:

This article explores the portrayal of disability through the Disability Service web pages of Welsh universities, to understand their potential impression on disabled applicants. The method of Qualitative Content Analysis enables consideration of multiple dimensions including use of language, terminology and photography, as well as discussion of academic, cultural, social and logistical aspects of student life. The development of a primarily concept-driven coding frame enables consideration of the absence of certain criteria as well as the frequency and prominence of others. The ensuing discussion considers, from a Critical Disability Studies perspective, the sector's portrayal of the construct of disability. This study proposes a call to action to challenge deficit-based interpretations of disability and advocates an affirmative stance towards disability in higher education policy and practice.

Keywords: ableism, access, applicant, disability, equality, higher education, universal design for learning (UDL).

Introduction

The conception of this article occurred organically in response to three other concurrent projects. Firstly and most importantly, insight was gleaned from working alongside disabled university students (1) and learning of their experiences in accessing equity of provision through the application, interview, induction and study process. As is recognised by the Welsh Assembly Government (2017), the current system of applying for Disabled Students' Allowance (DSA) to finance disability assessment, diagnosis and provision is a highly complex one, which has impacted students' engagement and success in navigating it. As numbers of disabled students in higher education steadily increase (Gibson 2012; HESA 2018; Kendall 2016) the wider relevance of this discussion grows too.

A previous study reported upon the challenges one particular cohort of students experienced (Pickard 2019a), resulting in the development of an accessible infographic for engaging with Disability Service provision at the university (Pickard and Norris 2018). Having noted these insights from first-hand experience, research was commenced to understand whether students on other courses or at other universities had shared similarly challenging experiences of understanding the process of engaging with disability related provision.

A recent article in a national newspaper further confirmed that students nationally were unaware of the mechanisms and opportunities available to make equitable study experiences possible (Butterwick 2019). This article drew from a recent national report (Department for Education 2019) which echoed the Welsh Assembly Government's (2017) review of the same Disabled Students' Allowance system and outlined similar flaws and challenges. The Department for Education (2019) suggests that two in five disabled students are not aware of the DSA funding opportunities available to them before commencing their studies. This could put them at a disadvantage in a system that is already complex and time consuming to access (Berg et al. 2017; Martin et al. 2019). Forty-two per cent of the disabled students consulted who were aware of DSA funding suggested that the funding was a big factor influencing their decision to apply to university. Therefore, there may be a further number of disabled students who are not getting as far as the application process because they are not aware of the funding available for specialist provision.

It is also interesting to note that there is both a decline in disabled students' awareness of DSA (sixty-two per cent in 2015/2016 or earlier compared with fifty-six per cent in 2016/2017) and a decline in disabled students' satisfaction with the application process (eighty-six per cent satisfaction in 2015/2016 or before compared with eighty one per cent in 2016/2017) (Department for Education, 2019). Students report different levels of satisfaction with DSA support, depending on whether they have physical or sensory disabilities (eighty per cent), mental health conditions (seventy-three per cent), learning difficulties/disabilities (seventy-two per cent) or long-term health conditions (sixty-nine per cent). A confounding issue is identified in that 'students with certain types of disability… often found it difficult to 'follow up' the support set out for them in their needs assessment letter, because of the nature of their condition' (Department for Education 2019: 11). This potentially

offers some insight into the lived experience of this complex process and some arguably ableist practices which present further barriers to students' engagement (Dolmage 2017; Hutcheon and Wolbring 2012; Kerschbaum et al. 2017).

Drawing from personal experience, Butterwick (2019) suggests 'If I had faced studying without my DSAs, I simply wouldn't have got through my course'. She also advocates that 'support from before the first day will help disabled people choose higher education and continue to thrive throughout their studies'. A focus on the application and recruitment process for disabled students appears to represent a gap in the current literature. This assertion further motivated this exploration into what information is available to disabled applicants when exploring their options to apply for higher education in Wales.

The third influence upon the study is a long-held belief in an affirmative model of disability (Beckett 2015; Goodley 2017; Heydon and Iannacci 2008; Iannacci 2018) which doesn't see difference as deficient, and firmly acknowledges the role of the environment, institution and wider society in disabling individuals (Rapley 2010; Steyaert 2005). There are pockets of literature exploring this perspective in higher education with rigour (Beauchamp-Pryor 2007, 2013; Bolt and Penketh 2016; Dolmage 2017; Iannacci 2018). These sources are largely from social justice (Evans et al. 2017; Liasidou 2014; Taylor and Shallish 2019) or historical perspectives (Bolt 2019; Hurst 2017). A more practical consideration of how everyday interactions, transactions, engagements and behaviours may perpetuate a medicalised, and individualised interpretation of disability in Welsh higher education was of specific interest and comprises the original contribution of this study. It is proposed that the impact of the ableist university infrastructure on students' learning and sense of belonging could be key to understanding the limited recruitment and experience of disabled students in Welsh higher education.

While there are initiatives to celebrate inclusivity and diversity in the workplace such as the Athena SWAN charter (Advance HE 2019), Matrix Standard Accreditation Body (Matrix 2018) and the Disability Confident Employer scheme (Department for Work and Pensions 2018), a consideration of the institutions' more implicit perceptions of and attitudes towards disability within higher education is underexplored yet potentially highly influential. While Dobson (2018) analysed a

cross-section of English university Disability Service web pages to understand the concrete provision available, this study seeks to analyse the positioning implicit in the language employed to convey this concrete information.

The research questions are:

- How are Welsh universities portraying the construct of disability through their Disability Service (or equivalent(3)) web pages?
- What elements of students' experiences are considered and prioritised on these web pages?
- What is the implicit message on these web pages about the experience of being a disabled student in higher education?

Methodology

Authorship, Positioning and (Lack of) Expertise.

This article is written by a neurotypical, non-disabled academic who positions herself as an ally, as defined by Baglieri and Lalvani (2019: 172) as someone who 'may use their relative positions of privilege and power to support and amplify issues of concern'. A further potential positioning is that of a stakeholder, since this discussion centres around the systemic role of the institution and its stakeholders, of which the author is one, to conceptualise and respond to the construct of disability. The article draws on the theoretical lenses of Critical Disability Studies and DisCrit, which have evolved from the Disability Rights Movement in which disabled people are central. As the author's authority to be a voice in this discussion can be rightfully challenged, the evolution of the research project has been informed by the questions Barton (1994: 10) poses to non-disabled researchers:

- What right do I have to undertake this work?
- What responsibilities arise from the privileges I have as a result of my social position?
- How can I use my knowledge and skills to challenge the forms of oppression disabled people experience and thereby help to empower them?

- Does my writing and speaking reproduce a system of domination or challenge that system?
- Have I shown respect for the disabled people I have worked with?

In responding to these questions and seeking to ensure that the research empowers and respects disabled students and staff, these findings were shared with stakeholders, including disabled students and staff and colleagues in positions of influence and power, through focus groups and presentations to relevant working groups and committees to understand whether the initial interpretations had relevance for other stakeholders. This study explores one vantage point which intentionally has a specific frame and context. Another study taking another position might extract different outcomes.

Ethical Considerations

This research conformed to the ethical standards of the British Educational Research Association (BERA 2018) and the British Psychological Society's (2017) Guidelines for Internet-Mediated Research (IMR). The research was discussed with the Faculty's Ethics Champion before its commencement, who confirmed that no formal ethics application was required for this low risk, desk-based research study. In order that the research focuses upon the discourse within the sector rather than identifying individual universities, either in a critical or celebratory context, the analysis focuses on the sample as a whole for the duration of this article and no identifiable information is included. An anonymised table of results including the detailed results of each university, using anonymised codes rather than university names, is available from the author on request.

Ontology, Epistemology and Theoretical Perspectives.

Critical Disability Studies is applied as a philosophy and research methodology to interpret and understand the findings from this theoretical perspective, drawing from Stone and Priestley (1996) and Barnes' (2003) principles for emancipatory research (see Watson 2012). Critical Disability Studies is described by Thomas (2007: 73) as: 'breaking boundaries between disciplines, deconstructing professional/lay

distinctions and decolonizing traditional medicalised views of disability with socio-cultural conceptions of disablism'. The related perspective of DisCrit analysis is also highly relevant, described by Taylor and Shallish (2019: 6) as 'identifying the ways dominant ideologies about race and ability-neutrality permeate post-secondary education… mak[ing] visible the problems of continuing narratives of fairness in higher education'. The application of these theoretical and methodological frameworks sought to challenge what Alan Hurst (2017) deems an historically atheoretical approach to disability research.

This research study aligns with an interpretivist ontology, recognising the researcher's beliefs and attitudes, as well as the cultural and social context of knowledge contributing to one of many possible interpretations of the research topic (Denzin and Lincoln 2017). A social constructionist epistemology is adopted (Burr 2015), in understanding disability as a social creation, rather than representing a fixed medical condition (Rapley 2010). In addition, virtue epistemology (Fricker 2007) is explored as a general idiom in which the ethical and political aspects of epistemic conduct can be considered. A 'socially situated' (Harraway 1988, 1996) account of epistemic practice is proposed, 'such that participants are conceived not in abstraction from relations of social power… but operating as social types who stand in relations of power to one another' (Fricker 2007: 3). As such, the epistemic positioning and context of the findings will be deeply considered.

Methodology

A qualitative methodology was pursued in order to explore meaning in textual data available to disabled applicants on Welsh universities' Disability Service web pages. Having critically reviewed a range of methodological options, Qualitative Content Analysis (QCA) was selected as a method of data analysis in order to understand not only the frequency of particular incidences or inclusion criteria but also the potentially more implicit messages portrayed in these resources. Qualitative content analysis is discussed as an appropriate method for analysing how something is being expressed, thus focusing on 'latent meaning, meaning that is not immediately obvious' (Schreier 2012: 15) as well as the effects on the recipients of receiving this information (Groeben and Rustemeyer 1994).

Methods, Data Collection

In order to explore the information available to disabled applicants without affiliations to or enrolment in a university, and to consider the potential impact that lack of accurate information could have on student experience (Butterwick 2019) and recruitment (Department for Education 2019), a systematic search was conducted of publicly available web pages for all nine Welsh universities' Disability Services, through a generic Google search using the name of the university and the term 'Disability Service'. Only open access content was included and no data was sourced through internal processes at the researcher's university, to avoid bias. The data were collected and checked for consistency over a one-month period to allow for potential updating of web pages across the universities during the data collection period. A screen shot of all elements of each page was captured at the beginning and end of the one- month period to ensure reliability, as advocated by Dobson (2018)(4). The final pages were collated and printed as a static object of analysis, with videos transcribed and annotated for accurate exploration.

A further level of rigour was developed to ensure that each data set was analysed in one continuous sitting and checked again in a second continuous sitting. This was to enable immersion in the data and to avoid confusion in recall between different university web pages. To achieve this immersive data analysis process, a clear timetable was developed, allocating dedicated days of analysis to each data set at a time. A reflexive log was also kept throughout to detail the researcher's responses to the immersive research process.

Parameters of Data Collection

In order to collate a sample of data that was comparable across universities and had defined parameters, only information contained on pages of the university's Disability Service (2) was included for analysis. Through the process of collating this data, many highly informative and relevant sources of information were found on pages of other university departments, such as Libraries, Accommodation, Careers and other professional services. It was not possible to extend the data analysis to include these sources within the scope of this study, but there is an acknowledgement that there is much rich and constructive guidance available across university web pages, beyond

the Disability Service, which may offer competing or confirmatory perspectives on this discussion.

Further, there are many inclusive and enabling initiatives which do not specifically or exclusively target disabled applicants. These include various buddying and mentoring schemes, and the absence of a specific focus on disability could be seen as highly constructive and appropriate, normalising disability as part of the higher education experience. These schemes were also not included in the analysis, unless they were featured on the universities' Disability Service web pages.

Data Analysis

A predominantly concept-driven coding frame (Schreier 2012) was developed, informed by disabled students' experiences of higher education, as reported in the literature (Abreu et al. 2016; Beauchamp-Pryor 2007, 2013; Cunnah 2015; Griful-Freixnet et al. 2017; Hong 2015; Hutcheon and Wolbring 2012; Kendall 2016; Kirby 2009; Lillywhite and Wolbring 2019; McGregor et al. 2016; Osborne 2019; Redpath et al. 2013; Riddell, Tinklin and Wilson 2007; Taylor et al. 2017; Vickerman and Blundell 2010). A Critical Disability Studies perspective (Ellis et al. 2019; Goodley 2017) on the social construction of disability (Rapley 2010) was also influential. A brief pilot of the first draft of the coding frame led to its refinement, as advocated by the method (Schreier 2012). This entailed applying the draft coding frame to one data set to explore its rigour and relevance. An accumulative, data-driven coding frame emerged, and categories from each data set were included as they arose across subsequent data sets. A final analysis was carried out including all new data-driven categories as well as the initial concept-driven categories.

The data were analysed for the frequency of occurrences in each coding category, in line with the principles of QCA (Schreier 2012). A further measure to ensure the rigour of analysis and the depth of inductive enquiry was the inclusion of each textual statement in the correlating coding category in the coding frame (see Figure 1). The phrases included could then be revisited and checked across the analysis process and the raw data taken to research supervision. The frequency of phrases included in each coding category were compiled for the final collation of results and to inform the discussion section of this research study. The inclusion of frequency, central to

QCA, enabled recognition of the prominence of certain dimensions and the absence of others.

Figure 1 – Example Extract of Coding Frame with Textual Statements Taken Directly from Sources

Theme	Subthemes	Indicator	Frequency
Medical/Individual Model Narrative	Focus on diagnosis/diagnostic label	"If you have a diagnosis of…" "For students who have a visual impairment…"	2
	Language with negative connotation e.g. "suffering from", "struggles with", "has difficulty with"	"suffering with dyscalculia" "struggles with reading" "has difficulty accessing lectures"	3
	Outdated language/terminology e.g. "handicapped", "wheelchair bound"	"the student is wheelchair bound" "those who are handicapped"	2
	Reference to being in need of help	"if you require help" "we are here to help"	2
	Individual responsibility for impairment	"students must secure a diagnosis" "students must contact the centre"	2
	Hierarchical language, authority; challenging student as authority of their own experience	"if there is sufficient evidence" "from a suitably qualified expert"	2

The textual statements included in the coding frames were thematically analysed to understand the most prominent and significant themes in the data. On occasions these directly correlated with the frequency of statements in particular coding categories, but at other times it was the absence of results or specific wording of less

frequently found statements that was of significance. The outcomes of this thematic analysis process will shape the structure of the Discussion chapter.

Intention and Function of Sources, Legal Context

Public facing web pages about disability services are intended to be informative but are also a commercial, marketing tool. As is acknowledged by several authors (Nunan et al. 2005; Roberts and Hou 2016), the budget-cutting, private fee-raising exercises within higher education in England and Wales are leading to a transactional and consumerist interpretation of higher education. Within this context, failure to deliver the provision that is advertised to students could be interpreted as a breach of the Consumer Rights Act (2015) (CMA 2015; Roberts and Hou 2016), with significant legal implications. This could lead to a disconnect between the potential richness of accessible provision largely available in reality and the reluctance to commit firmly and consistently to such opportunities on these public facing, legally binding web pages. The Competition and Markets Authority (CMA) (2015, para 1.6) confirms: 'It is important that students should receive the information necessary to make informed decisions in relation to products and services, particularly in view of the fact that they are likely to be making "one-off' decisions in respect of what and where to study'. It is acknowledged that while these web pages are public facing and intended to be informative, there could be constrictions to the depth of information or the breadth of provision a university will commit to in this legal context.

Results

A summary of the findings of the Qualitative Content Analysis are shown below in Figure 2. A fuller breakdown of sub-categories and each university's anonymised profile is available from the author upon request.

Figure 2 - Frequency with which each category is seen across the sample as a whole.

Theme			Total
Medical/ Individual Model Narrative			666
Social Model Narrative			358
Voice of Disabled Students			63
Legislation, policy			120
Visual Representation of Disability			65
Accessibility Considerations			63
Travel, transport, campus			91
Provision Available: Academic			815
Language that maintains the privacy of a disability,			78
Provision Available: Social and Cultural			71
Provision available: Wellbeing			26
Provision Available: Accommodation			74
Provision Available: Financial			248
Provision Available: Application Stage			54
Contact Information			1078
Reference to external information or schemes			130
Photography/ Imagery	Landscape imagery		60
	Figures	Gender	187 female (57%)
		Ethnicity	303 white (92%)
		Disabled	36 (11%)
		Cartoon	31
	University campus	68	
	Objects	170	
Inaccuracy / Inconsistency			67
Information for external parties other than disabled			359
Information in other formats			31
Assessment			226
Specify current or prospective students	Current		58
	Prospective		96
	154		
Statistics			14
Benefits to all			80
Access not possible, links not working			54
Transition Event			116
Specialist Centre			113
Careers, Employability			17

Discussion

While there are a wealth of rich data and many perspectives that could be explored, five of the most prominent thematic findings have been selected for further discussion in response to the research questions. These were identified from the

qualitative statements collated and their quantitative frequency and include: testimonial injustice and epistemic invalidation; lack of holistic considerations; the Parsonian ‘Sick Role’; erasure of disabled presence; and disability advantage. Each theme will be defined below and discussed with reference to the findings, before exploring implications for policy and practice.

Testimonial Injustice and Epistemic Invalidation

Within the philosophical construct of epistemic injustice (Kidd, Medina and Pohlhaus 2017), testimonial injustice (Fricker 2007) is defined by Osborne (2019: 233) as ‘where a person’s account is given less credibility on the basis of their status as a knower’. Tuana (2006) acknowledges that it is often the dominant (non-disabled here) group who may give less value to the account of a non-dominant (disabled here) knower. Related to this concept, is the notion of epistemic invalidation (Wendell 1996), whereby a person’s bodily reality is denied. This is exacerbated when a student’s testimony about their experience of disablement is treated as inadequate proof. Tremain (2017) critiques Fricker’s (2007) original theorising around epistemic injustice for not fully considering the apparatus of disability in relation to the theory, asking ‘is the concept of epistemological ignorance itself a paradoxical and self-contradicting ableist metaphor?’(Tremain 2017: 175).

This research study aligns with Tanya Osborne (2019) and Shelley Tremain’s (2017) suggestions that the theory of epistemic injustice can be applied in a highly relevant way to current societal understanding of and engagement with the construct of disability. Both testimonial injustice and epistemic invalidation feel highly relevant to the discussion around the identity of disabled students and the information provided through these web pages which appear to accept exclusively the hierarchical knowledge of medical professionals over the insight and experiential expertise of disabled students.

Throughout the analysis of web pages there was a significant emphasis on the need to evidence and externally validate one’s disabled status. This is emphasised in the 156 phrases across the sample which emphasised the need for ‘external’, ‘expert’ or ‘suitably qualified’ validation of the student’s disabled identity. Other studies have shown that disabled students often experience difficulty in accessing a medical

diagnosis of their experience of disablement (Osborne 2019; McLean 2019). Mitchell (2016: 11) notes that the ableist infrastructure of the institution can remain, as long as these external experts, termed ‘professionals of normalisation’, focus on the ‘anomalies’ of disabled students. The phrasing of ‘suitably qualified experts’ used to denote the authority to label disability mirrors the requirements of the DSA process and may be intended to enable congruence between the initial information provided to applicants and the experience of applying for and securing DSA. For example, DSA guidance confirms that students will require evidence from either a ‘medical professional’ or ‘suitably qualified psychologist’ to receive DSA. However, the implicit message behind these frequent reminders that the students’ lived experience is insufficient and inadequate to achieve their status presents a strong message about the institution’s conception of disability. This approach also runs counter to the self-advocacy and disability rights movements, which emphasise that disabled people should be central to any decisions and policies that affect them (Barnes 2012; Bryan 2013; Shakespeare 2013). It also means that institutions do not learn from disabled students’ lived experiences (Lillywhite and Wolbring 2019).

There are also some interesting contradictions in the language used, where several web pages acknowledge that students may not consider themselves disabled, or identify with this label, but go on to confirm that students will need to seek medical diagnosis affirming this position (from an Individual Model perspective) if they wish to fully access their education. Baker (2002: 697) considers disability an ontological issue, before its inscription as an educational one likening this ‘hunt for disability’ (Campbell, 2000) to a new model of eugenics, dictated by the logic of ableism. Through the focus on naming and ‘remedying’ disability in educational policy and practice, the new ‘eugenics of normalcy’ (Fox Keller, 1992) or eugenic spectre (Campbell, 2000) emerges: ‘whether intended or not, is labelling a way of morphing “disability” into the assumptions of an ableist normativity (…) rather than questioning certain privileged ontologies and epistemologies to begin with?’ (Baker 2002: 689).

Aligning with DSA requirements, the Equality Act (2010) and other individual definitions of disability, Welsh universities’ web pages are predominantly recognising disability as deficiency and as attributable to the individual by a medical expert. There is little consideration of the politics of disablement (Watson 2012), or the Social Model interpretation of disability advocated by the Welsh Assembly

Government (2013)(5). Nor do the web pages use the interactional interpretation of disability outlined in the Convention on the Rights of Persons with Disabilities (UN General Assembly, 2006): ‘Disability is an evolving concept. Disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others’.

Seale et al. (2015: 119) offer a definition of disability, which firmly recognises that it is the institution that is accountable for the students’ experience of disablement: ‘Disabled students are presented as oppressed victims of their universities, who are deprived of equitable access to important learning resources as a result of institutional non-compliance with legal requirements, professional codes of practice or technical standards and guidelines’. However, such a definition is incompatible with a system which invalidates students’ testimonies and which prioritises diagnostic information that affirms a deficiency-based narrative of disability. The distance between contrasting definitions of disability evidences the impact one’s understanding or portrayal of disability can have on policy, practice and lived experience.

The Parsonian ‘Sick Role’

One of the strongest results of the analysis was the emphasis on the disabled student being dependent, reliant or in need of help (155 statements). The semantic choices of ‘help’ and ‘support’ were prevalent and there was an implicit message that disabled students inevitably require ‘additional’ or ‘specialist’ support to exist, participate and thrive in higher education. This implicit message about disabled students being in need of help affirms the widely discussed stereotype of disabled people as archetypal objects of pity (Baglieri and Shapiro 2017; Brown 2014; Goodley 2017; Stramondo 2010; Tremain 2017). Examples of adherence to the Medical/Individual Model of Disability found in 666 statements also encapsulate this perspective, emphasising disability as residing within the individual and being firmly the individual’s responsibility (ninety-three statements).

This is perhaps unsurprising, as the Equality Act (2010), to which universities must comply, perpetuates this individual model, essentially instructing institutions to

administer services and ‘reasonable adjustments’ as compensation for deficit. This further conflates disability with deficiency and with difference from the normed archetype of higher education.

This firm suggestion that disabled students will inevitably be dependent and require help and support in order to thrive in higher education echoes Parsons’ (1951) legitimation of the ‘sick-role’ through medical power (Scambler 2012). Parsonian medical sociology was widely accepted as an historically adequate account of normative expectations around illness in the mid-twentieth century capitalist society (Varul 2010). The Parsonian paradigm equated illness with deviance, seeing it as dysfunctional, and considered the impact of such deviance on the social system. The ‘sick role’ was to be seen as ‘abhorrent and undesirable’ and in order to regain their ‘full human status’, responsibility was placed firmly on the shoulders of the individual to seek help from medical experts (Parsons 1951).

While the ideology of the sick role is still prevalent in society and arguably in institutional dynamics, Oliver (2017) offers several critiques of this widely applied and accepted ideology in relation to disability. Parsonian medical sociology is highly determinist, with behaviour only viewed positively if it is ‘commensurate with professionals’ perceptions of reality’ (Oliver 2017: 21). Additionally, it ignores political, social and economic considerations of individual situations, as well as undermining and denying the subjective interpretation of impairment from the individual’s perspective. From a critical disability studies perspective, this ideology also does not separate impairment from disability (Anastasiou and Kauffman 2011; Dolmage 2017) and assumes illness and disability to be synonymous.

The binary separation between disabled students who will be in need of help and non-disabled students who might not be, is a reductionist simplification. The over-emphasis on aspiring for independence is also an inaccurate reflection of non-disabled students’ experiences of university (Morgan 2012; Martin et al. 2019). It is reminiscent of Rosi Braidotti’s (2013) post-humanist critique of the over-emphasis humanism places upon independence and autonomy, applied in a disability studies context by Goodley, Lawthom and Runswick-Cole (2014). There are several statements which make broad over-generalisations about disabled students, solely based on diagnosis, such as the suggestion that students with mental health

challenges may feel unsure what is expected of them or how to organise their time effectively. One source offered guidance to students '*suffering* from a visual impairment' while another referenced '*problems* keeping up' due to a diagnosis of dyslexia, and strategies for 'circumventing dysgraphic *problems*' (italics added). Each of these examples firmly positions the 'problem' of disability as residing firmly within the disabled student and assumes a disability-negative ontology (Baker, 2002). There are also some inaccuracies and many over-simplifications. Overall there is a lack of recognition of the individual variations between unique students who are disabled by diverse factors and barriers, some institutional and systemic.

In order to access equitable educational provision, students are required to actively apply to the notion of the 'sick role' which ascribes them with professional, medical 'help' to engage in a largely ableist system. The information presented to applicants and the general public confirms that disabled students will need 'support' and that to access this support they will need to confirm their identification as dependent and in need of help. This compounding system 'is the product of the psychological imagination constructed upon a bedrock of non-disabled assumptions of what it is like to experience impairment' (Oliver 2017: 21), failing to see illness and disability as conceptually distinct. Further, it is possible that in view of Hacking's (1995) theory of 'looping effects', disabled students may in turn change their self-understanding and self-perceptions to align with how they are perceived and classified by the university and by society (Hjörne and Säljö 2014), experiencing internalised ableism (Kumari Cambell, 2009) as a result.

Lack of Holistic Considerations

The findings in Figure 2 demonstrate a significant emphasis on academic (815 statements) and financial (248 statements) dimensions of university study, with much less consideration of social (seventy-one statements) and logistical considerations (the application process = 54 statements, transition to university = 116 statements, travel = 91 statements). In the sample, as in the wider literature, there was a surprising lack of consideration of the accessibility of the application and recruitment process. Nancy Evans et al. (2017) and Karen Myers et al. (2014) are among the few sources to briefly discuss this dimension, although in an American context.

There is also surprisingly little reference to wellbeing provision (twenty-six statements) despite a potential correlation or co-existence of disabled identity and mental health challenges (Aitken et al. 2017). The stakeholders involved in this process officially interpret mental health challenges as a form of disability (Equality Act, 2010).

It is understood that this also likely reflects the alignment between these web pages and the exclusively academic provision the DSA will fund; although this is not explicitly stated. However, if these pages are to represent access considerations for disabled applicants, a bleak picture is painted of the potential to engage accessibly with cultural, social and other holistic elements of the student experience, which have been highlighted by many as central to student life (Brook et al. 2014; Jones 2018; Martin et al. 2019; Morgan 2012). It could be argued that these access considerations are explored elsewhere on the web pages of other departments such as Accommodation, Students' Union, Libraries, and other professional services. However, if an applicant was not aware of principles such as Universal Design for Learning (UDL)ii, or the notion that inclusive education is the responsibility of all stakeholders within the institution (Kikabhai 2018; Wray 2018), they may perceive that the only elements of provision that they could access fully were academic and financial.

Hurst (2017) identifies seven principles that are central to the success of disabled students' experience when accessing higher education. These include: access to information, peer support, accommodation, technical support, personal support, accessible environment and transport. It is interesting that most of these areas scored very low in this research, with an overwhelming emphasis on the academic experience.

Erasure of Disabled Presence

The concept-driven coding frame made it possible to recognise the lack of certain components across the sample, as well as the prominence of others. Disabled students' voices and contributions were significantly under-represented across the web pages. Figure 2 shows that there were sixty-three examples of disabled students' voices in the authorship of webpages, and sixty-five visual representations

of disability, including thirty-six visibly disabled figures (eleven percent of the figures across the sample). This is significantly outweighed by the vast majority of information authored by parties other than disabled staff or students, with 359 pieces of information intended for parties other than disabled students (including staff, non-medical helpers and assessors

The lack of representation of disabled students is of particular interest when it is noted that the key aims of the Strategic Equality Plans of several Welsh universities are to increase the visual representation of disability and address the under-representation of learners from protected groups. A recent European initiative (AHEAD 'Licence to Learn'), which advocates principles of Universal Design for Learning, includes in its baseline statements 'Are you using the expert knowledge of the diverse learner?' and highlights the centrality of this knowledge (UDLL Partnership 2017). Lillywhite and Wolbring (2019) cite this lack of acknowledgement of disabled students as 'knowledge producers' in their own research. They recognise that academic knowledge and evidence about the social situation of disabled students that could inform policy is missing. This lack of representation is a significant concern and could correlate with a similar lack of representation of disabled staff in higher education (Hurst 2017; Brown and Leigh 2018; Jeffress 2018; Lillywhite and Wolbring 2019). There is a wide lack of representation of disabled teachers (Lepkowska 2012; Riddell and Weedon 2014; Meijer 2018), and The Department for Education (2017) reported that only 0.5% of the teaching workforce they consulted identified as disabled. The underrepresentation of disabled professionals in other disciplines (Baumberg, Jones and Wass 2015), further exemplifies the lack of affirmative representation of disability in society.

The absence of disabled representation could be further allied to Parsons' (1964) vision of the 'sick role', whereby the right to exemption from everyday obligations is matched by an obligation to retreat from everyday life, so as to protect the 'system' from 'motivational contagion' as well as 'biological infection'. Ashley Taylor and Lauren Shallish (2019) echo the need to examine the absence of disabled bodies in higher education, along with, crucially the extent of the normalised presence of non-disabled bodies. This unreflective acceptance of presence as well as the lack of questioning of absence is critical and may offer a tangible or relatable starting point to discussions about challenging ableism in higher education.

A further critical consideration is McRuer's (2016) construct of compulsory able-bodiedness, which Taylor and Shallish (2019) recognised in their field work. They report that the provision of Closed Captioning(7) in real time at their university soon became a spectacle, which highlighted that the wider university community only perceived inclusion to be achieved through the hypervisibility of non-conforming bodies. Following on from this, it may not be necessary for university web pages to make visible representations of disabled bodies in order to acknowledge or celebrate disabled students' success in higher education. However, the lack of incidental references to available provision, including notetakers, interpreters, assistive technology and accessible spaces, suggests that these experiences are not part of the norms of higher education pedagogy and culture.

Disability Advantage

The considerable emphasis on the medical/individual model or deficit-based narrative (666 statements) over thinking informed by the Social Model of Disability (358 statements) demonstrates a lack of consideration of the value disabled students bring to the institution. Rachel Heydon and Luigi Iannacci (2008) term this an asset-oriented interpretation of disability, where the student is both valued and seen as valuable. There is an overwhelming emphasis in this data on disability being a deficient, deviation from the norm, and something for which significant accommodation and arrangements will need to be made. This stance ignores the wider potential of non-normative ways of being and knowing (Hehir 2002; Iannacci 2018; Kliewer et al. 2006; Pickard 2019b) to enable disabled students to engage with academia and to bring great diversity and insight to the institution and future workforce (Accenture 2018; Eide and Eide 2011; EY 2019). As Hargreaves and Walker say (2014: 1749), 'A diverse workforce reflects the population it serves', and thus provides deep insight and knowledge not otherwise accessible. The university community should reflect the diversity of society and of the workforce, and yet exclusionary practices as well as these implicit messages ensure disability continues to be seen as deficit and thus not valued in academia.

There were 156 statements that demonstrated an affirmative stance towards disability, acknowledging the potential value and strengths that disabled students

bring to higher education. For example, one source suggested diagnostic assessment was valuable to understand students' individual strengths. This source highlighted that dyslexic students likely have a very individual mix of strengths that will be an advantage in their studies, while openly acknowledging that difficulties arise because dyslexic people operate in a society in which communication has developed to privilege and 'to suit the non-dyslexic majority'. These pockets, which were largely found within the data set of an individual institution, offer examples of good practice for the sector to draw from, and could be a starting point from which to reconceptualise the wider sector's attitudes and beliefs about disability. Ways of moving towards these more positive interpretations of disability will be outlined in subsequent sections.

Responding to the Findings

Since language choices are not necessarily representative of good practice and cannot affect change alone, the solution to challenging the deficit-based interpretations outlined in these web pages and the policies to which they align requires a call to action. Iannacci (2018: ix) describes this as 'enacting inclusion', while Hutcheon and Wolbring (2012) offer first steps in challenging such ableist findings in practice. Another potential active response is drawn from Beckett's (2015) vision for anti-oppressive or anti-disablist education in the UK primary education sector, drawing from the principles of Kumashiro's (2000) typology.

Kumashiro (2000) outlines four ways in which education has the potential to be inclusive: education for the other; education about the other; education that is critical of privileging and othering; and education that changes students and society. It is proposed that the model perpetuated across Welsh universities' Disability Service web pages currently emphasises education for the other (Kumashiro 2000; cited in Beckett and Buckner 2012). It lacks a consideration of the other three critical typologies. Exploration of these other typologies of anti-oppressive education could be a recommendation for challenging ableist practices, as is echoed by Luigi Iannacci (2018), Alan Hurst (2017), Lydia Brown (2014) and Thomas Hehir (2002), amongst others. It is encouraging to note such approaches outlined in the Strategic

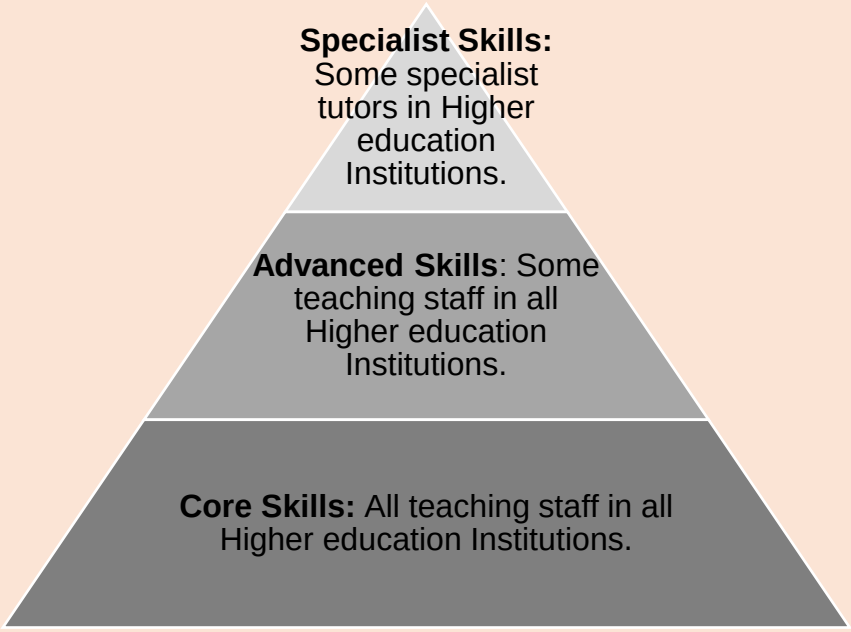
Equality Plans of several of the universities in the sample, however these intentions need to be enacted to affect real change.

Implications of this Study

While the legal connotations of both proactively fulfilling the duties of the Equality Act (2010) (Equality and Human Rights Commission 2014) and the expectations of the Competition and Markets Authority (2015) are noted, as well as providing realistic information about what the DSA can offer, it is suggested that universities could both provide a better offer and develop better provision for disabled students through holistic pedagogical, marketing and other policy and strategy decisions.

If institutions further embedded the principles of Universal Design for Learning (UDL), as advocated by Martin et al. (2019), this would diminish reliance on specialist provision to an extent, and Disability Services' specialist knowledge could be redirected to enable academics to increase the accessibility of their general provision. As advocated by Wray (2018) in Figure 3, provision could be reconceptualised to reallocate precious resources in a model that would enable the general offer to be more inclusive and limit the impact of diminishing DSA funds to support specialist intervention. As Martin et al. (2019: 4) suggest: 'A combination of… DSA-funded adjustments where necessary, and with minimal bureaucracy, and an underpinning UDL approach to learning is advocated.' Inclusion, acceptance and provision for disabled students in the mainstream classroom offers a significant message about the conception and attitude an institution has towards disability and where they place the responsibility for addressing disabling barriers (Devlin and Pothier 2006).

Figure 3 – Wray (2018), Adapted from Rose (2009).



There are examples of excellent practice among this sample, as well as further examples within these institutions which are not represented in the sources consulted. Looking more widely at the higher education sector across the UK, there are further examples of innovative and exciting approaches to inclusive and equitable practice that can be learned from. However, Ashley Taylor and Lauren Shallish (2019: 3) propose that the continued marginalisation of disabled students throughout the academy is 'not arbitrary, unintended, or accidental, but rather tied to the maintenance of able-bodied/minded supremacy'. This strongly worded assertion chimes with the attitudes of many other critical disability studies scholars, activists and allies who recognise the exclusionary practices of academia as intentional and inherently ableist. Hamilton (2019: 1018) terms these 'habitual misunderstandings and attitudinal barriers which serve to reflect historic and ableist assumptions of disability'. Kikabhai (2018: 1) concurs that 'disability is intentionally shaped to legitimise processes of exclusion'. Through their research on the disability policies of the University of Victoria, Canada, Devlin and Pothier (2006: 204) concluded that current policy 'is not based on questioning of what is regular or typical, or of the privilege attached to what is regular or typical'. Rather, policy avoids the challenging critique of ableist practices at a systemic level.

To this end, higher education could be considered a bio-meritocracy, defined as 'hierarchical social arrangements that are determined by those considered superior in mental ability, strength, health, memory or intellect' (Ojakangas 2016: 19). Spade (2015: 103) terms this deliberate and conscious exclusion 'Administrative Violence': 'the administrative systems themselves traumatize and disable us the most by disturbing life chances and promoting certain ways of life at the expense of others, all the while operating under regimes that declare universal equality'. This view aligns with testimonial and epistemic injustice which ensures the erasure of disabled students in academic spaces and negates the potential for celebrating a disability advantage. There is clearly significant work to be done to challenge ableist attitudes and practices (Hamilton 2019; Kikabhai 2018) and undo or 'unlearn' ableism (Baglieri and Lalvani 2019) in Welsh higher education.

Genuinely inclusive practice in higher education 'necessitates…equity considerations being embedded within all functions of the institution and treated as an ongoing process of quality enhancement. Making a shift of such magnitude requires cultural and systemic change at both the policy and practice levels' (Wray 2013: 4). This cultural and systemic shift is the responsibility of stakeholders at all levels within the institution, and should not be a burden placed on the disabled student (Woods 2017). As Richardson (2008: 33) advocates, 'it is premature to consider widening participation in terms of access to [a] higher education until this is matched by parity in terms of educational outcomes.'

Conclusion

While the limitations of this study have been acknowledged, a comprehensive qualitative content analysis of Welsh universities' Disability Service web pages has been conducted. The findings highlight a significant emphasis on deficit-based perspectives about disability in Welsh higher education, and a lack of disabled students' voices and presence is noted across the sample. This is attributed to testimonial injustice, whereby the credibility of disabled students' testimony is challenged and they are denied the social status as knowers. Disabled students are consistently portrayed as being in need of help and support in order to thrive in Welsh higher education. The over emphasis on the necessity of achieving supposed

independence echoes a post-humanist critique of the humanist ideals of independence and autonomy (Braidotti 2013; Goodley, Lawthom and Runswick-Cole 2014). The emphasis on disabled students requiring help to thrive is creating a binary distinction between non-disabled, independent students and disabled, dependent students which is not accurate to life as a student in Welsh higher education in the twenty-first century. Pedagogical approaches that would challenge these misconceptions have been explored, which could benefit many students, whether they identify as disabled or not.

The sample web pages primarily focus on academic support and financial considerations, with little discussion about enabling access and participation in cultural or social activities, that are widely acknowledged to be central to the student experience (Brook et al. 2014; Jones 2018; Martin et al. 2019; Morgan 2012). The focus of the web pages is overwhelmingly on the classroom experience, or activities relating to it, which mirrors what DSA will fund. Katovich (2009) suggests that ninety per cent of higher education students' time is in fact spent outside of the classroom. Research studies consulting disabled students about the provision they require, desire and receive in higher education identify some good practice regarding academic support (Sarrett 2018). Concurrently, many articles report on the challenges, complexity and delays of securing academic support (Busby 2019; Cai and Richdale 2016; Hannam-Swain 2018; Lillywhite and Wolbring 2019; McLean 2019; Riddell and Weedon 2014), as well as the need for more holistic provision (Sarrett 2018). The erasure of disabled students' presence and insights negates the potential to celebrate the value and expertise disabled students bring to the institution, and the sector, and subsequently to the workforce and to society.

This article poses a challenge to the self-advocacy model of student success (Osborne 2019), positing that the under-representation of disabled students in higher education could be the result of a system of power relations operating holistically. The portrayal of disabled students may well limit the numbers of students who feel empowered to apply to university and give an implicit message about the value of disabled students to the institution. The burden of challenging this power imbalance is presented to the Welsh and UK-wide higher education sector, including stakeholders from recruitment, marketing, administration and academia, 'shifting the

imbalanced burden of adapting away from [disabled] individuals' (Woods 2017: 1094). As Lydia Brown (2014: 44) rightly states:

> Few outside the disability community ever consider the consequences of their perceptions and limited understanding of disability, and many whose views are shaped by unsound and dangerous ideas continue to perpetuate ableism without ever having their privilege challenged and examined. Disability exists because we are largely complacent in allowing ourselves and our society to perpetuate a world where disabled people are marginalized and oppressed by attitudinal and systemic barriers to access.

Fricker (2007: 9) concurs by noting that 'social power is a capacity we have as social agents to influence how things go in the social world'. While the individual authors of each page or policy on the universities' web pages surely did not intend to exclude or demotivate disabled students, the collective power of the institutions and the sector to convey a message about disability as deficiency has the power to limit the number of applications, successful applications or successful completion of university courses. These webpages may have wider implications for applicants' confidence, identity and wellbeing. As social agents with privilege and power, it is the responsibility of all in academia to challenge this discourse and to take action to correct the epistemic ignorance (Kuokkanen 2008) which is causing this under-representation and undervaluing of disabled students in higher education and to shift the focus from a needs-based to a rights-based discourse (Beauchamp-Pryor, 2007, 2013) for disabled students.

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Notes

(1) The terminology ‘disabled students’ is used intentionally to acknowledge that students are actively disabled by barriers faced in their environment and the systems around them, as suggested by the Social Model of Disability (Barnes 2012; Goodley 2017). This is the preferred terminology of the Disability Rights Movement in Wales and in the UK (Shakespeare 2013), and there is an increasing challenge to person-first language in this context and a shift towards identity-first language more globally (Ladau 2014). The author acknowledges their positioning as a non-disabled academic, and respects individuals’ language choices.

(2) The universities within the sample called their equivalent service by many different names, including ‘Disability Service’, ‘Disability Support’, ‘Disability Office’, ‘Services for Disabled Students’, ‘Inclusion Service’ and ‘Accessibility Service’. The equivalent department was sought which provided information and services to disabled students for the purposes of this research study. This is the intended meaning of the phrase ‘Disability Service’ when used henceforth in this article.

(3) During the process of data collection there were several live chat options inviting engagement and dialogue with the various university pages. Further research may be necessary to understand response rates and quality of responses to disabled applicants’ questions to give further and deeper context to this area of investigation, since this function of dialogue and discussion was prominent on several sites and didn’t form part of this analysis.

(4) The Welsh Assembly Government (2013) offer a clear statement that: ‘Firstly, all references to disabled people should use language which is consistent with the Social Model of Disability. 'Disabled person' or 'disabled people' is the appropriate way of describing people with impairments who are disabled by society. 'People with disabilities' should not be used… Using the right language is important because it ensures the correct understanding of the issues.’

(5) Universal Design for Learning is ‘an approach based on planning for a diverse university community, rather than being surprised by diversity and attempting to retrofit adjustments for people who do not conform to the mythical norm stereotype’ (Martin et al. 2019: 3). This approach is increasing in its recognition and application and disrupts the notion that disabled students need individual adjustments or that the

lecturer should not consider accessibility until a disabled student engages with the provision. The responsibility for the accessibility of the provision is proactively shifted to the institution under the philosophy of UDL. In using Baker's (2002: 696) depiction of disability as 'whatever an institution seems not set up to "handle" and throws back on to the recipient', UDL could significantly reduce the 'problem' of disability, by addressing many of the systemic, disabling barriers posed by the institution before they are experienced by, or 'thrown back' to students.

(6) Closed Captioning is the practice of including subtitles on any audio-visual content, primarily for learners who have hearing impairments or who are d/Deaf. However, according to the principles of Universal Design for Learning (UDL) above, this practice increases the accessibility of the provision for many learners, including learners for whom English is not their first language, for visual learners, and others who may wish to clarify any wording or spelling.

Appendix 21 - Provocation for USW Learning and Teaching Enhancement Committee: A Critical Disability Studies Perspective (Pickard, 2020).

- Full reference: Pickard, B. (2020), Provocation for USW Learning and Teaching Enhancement Committee: A Critical Disability Studies Perspective, Unpublished report, presented to USW Learning and Teaching Enhancement Committee (LTEC), 8th January 2020.

Provocation for Learning and Teaching Enhancement Committee: A Critical Disability Studies Perspective

Beth Pickard, National Teaching Fellow

My thanks to Dr. Clare Kell who invited me to provide a provocation during today's LTEC Away Day, informed by my National Teaching Fellowship, PhD Research and ongoing work at USW. My work, research and studies are informed by the discipline of Critical Disability Studies, which Thomas (2007, p. 73) defines as:

> "breaking boundaries between disciplines, deconstructing professional/lay distinctions and decolonizing traditional medicalised views of disability with socio-cultural conceptions of disablism".

Essentially, this perspective seeks to problematise the construct of disability as an individual deficit and explores societal and systemic barriers to participation.

From this theoretical and philosophical perspective, I offer three points for consideration.

1. The first point is an alternative definition of disability, as offered by Seale *et al.,* (2015, p. 119):

   > "Disabled students are presented as oppressed victims of their universities, who are deprived of equitable access to important learning resources as a result of institutional non-compliance with legal requirements, professional codes of practice or technical standards and guidelines".

2. The second point is a comment from a student who withdrew from USW before the end of their first year of study, despite entering with a triple distinction at Foundation Level.

> They stated that they never hated their disability until they came to USW... USW taught them that their disability was a bad thing.

3. The third point is taken from Martin *et al.* (2019, p. 7)'s recent report, which advocates for principles of Universal Design for Learning to be applied at all levels of university life to enable inclusive and equitable access to education. They define UDL as:

> "A scientifically valid framework for guiding educational practice that provides flexibility in the ways information is presented, in the ways students respond or demonstrate knowledge and skills, and in the ways students are engaged. UDL reduces barriers in instruction, provides appropriate accommodations, supports and challenges, and maintains high achievement expectations for all students including [disabled students] (US Congress, 2008)."

In their literature review, Martin *et al.* (2019, p. 12) note that:

> "Layer (2017) recognises the need to engage staff in cultural changes at institutional and sectoral level. Similar conclusions were reached by Everett (2017) and Mitchell (2014) who described stakeholder buy-in as critical to the success of inclusive teaching and learning practices nationally and internationally."

Martin *et al.* (2019, p. 20-21) advocate:

> "Embedding UDL requires joined-up thinking and involves staff in a wide variety of strategic and operational roles, not just lecturers. Students often find it difficult to work out how things join up within the

> institution and do not necessarily understand where to go in order to access support. They may well not know what sort of help they need and universities are not necessarily very clear in the way they communicate this sort of information. Professional services staff and academics need to work together with the student at the heart of the process in order to make the workings of the institution transparent to the end user."

What would it look like if part of the role of the Learning and Teaching Enhancement Committee (LTEC) was to advocate and assure the implementation of Universal Design for Learning at all levels of the university, in order to challenge the disablement of students by systemic barriers?

How could we operationalise this? What processes would this involve? How could disabled staff and students guide this work in an authentic and meaningful way? What consideration has LTEC given to UDL and disablement to date?

The following guidelines by AHEAD 'Licence to Learn' (UDLL Partnership, 2017) could be a constructive framework for shaping this discussion:

- Do you have an over-arching institutional policy for inclusive teaching and learning?
- Are you using the expert knowledge of the diverse learner?
- Is a clear and challenging vision for UDL understood by all?
- Have sustainable strategies at all levels been implemented?
- Have you developed action plans for implementation coherent with budgets and other important plans?
- Have you used/developed a system for evaluation and quality assurance?
- Can your policies, procedures and systems for evaluation with outcomes be internally and externally scrutinised?

(UDLL Partnership, 2017)

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Appendix – Provocations for In-Session Discussion

Provocation 1

The first point is an alternative definition of disability, as offered by Seale *et al.,* (2015, p. 119):

> "Disabled students are presented as oppressed victims of their universities, who are deprived of equitable access to important learning resources as a result of institutional non-compliance with legal requirements, professional codes of practice or technical standards and guidelines".

What are your responses to this definition? Does this differ from your accepted definition of disability? Do you have an emotional response to this quotation? What might your response to this suggestion be?

Provocation 2

The second point is a comment from a disabled student who withdrew from USW before the end of their first year of study, despite entering with a triple distinction at Foundation Level.

> They stated that they never hated their disability until they came to USW... USW taught them that their disability was a bad thing.

What are your responses to this statement? Do you have an emotional response to this quotation? How might we respond to this experience?

Provocation 3

Martin *et al.* (2019, p. 20-21) advocate:

> "Embedding UDL requires joined-up thinking and involves staff in a wide variety of strategic and operational roles, not just lecturers. Students often find it difficult to work out how things join up within the institution and do not necessarily understand where to go in order to access support. They may well not know what sort of help they need and universities are not necessarily very clear in the way they communicate this sort of information. Professional services staff and academics need to work together with the student at the heart of the process in order to make the workings of the institution transparent to the end user."

What are your responses to this suggestion? Is this something that happens at USW already? How might we further achieve this ambition?

Appendix 22 - Provocation on Inclusivity in Higher Education: A Critical Disability Studies Perspective (Pickard, 2020).

- Full reference: Pickard, B. (2020), Provocation on Inclusivity in Higher Education: A Critical Disability Studies Perspective, Unpublished document, presented to FBS FLTEC on and FCES FLTEC, Spring 2020.

Provocation to Faculty Learning and Teaching Enhancement Committee on Inclusivity in Higher Education: A Critical Disability Studies Perspective

Beth Pickard

Good afternoon and thank you for the invitation to participate in your FLTEC meeting this afternoon. I am pleased to have the opportunity to share some of my ideas and experiences with you, on the theme of inclusivity in Higher Education.

I would like to make this presentation (or provocation) element quite brief, and to protect plenty of time for rich discussion. As such, these are the themes I propose to discuss briefly. I will commence with saying a little bit about my research and practice interests and why it is that I am discussing this topic with you today. I will position this with some accessible theory around paradigms of disability, which are tools for exploring how disability can be understood in many ways. I will then present five provocations on the theme of inclusivity. These include an alternative definition of 'disabled students' from Seale *et al.* (2015); two examples from my own experiences here at USW; an example from a recent newspaper article, and some recommendations from a research paper about universal design for learning (UDL). As noted, I would then like to spend the majority of our time reflecting on these provocations, and understanding what these ideas mean to you in your practices.

I was initially invited to share a similar presentation with the university Learning and Teaching Enhancement Committee (LTEC) in my role as a National Teaching Fellow

(NTF), since inclusion was the focus of my successful application in 2018. Aside from my current practice as a music therapist, I previously studied Disability Studies which has significantly informed my research and practice to date, including my current PhD research into non-normative pedagogy.

In my work, I subscribe to an affirmative interpretation of disability, in an attempt to counter the dominant and pervasive medical model narrative found in higher education and wider society. I also find the interactional model of disability constructive, which sees disability as the fit between individuals' physical, cognitive or emotional characteristics and the characteristics of a social context (Houting, 2019).

Baglieri and Shapiro (2017) define a paradigm as the way we perceive, understand or interpret an issue. There are various different paradigms of disability. The most prominent yet contrasting paradigms of disability in the UK are the medical and social models of disability. I often use this image in my teaching about paradigms of disability, since I feel it illustrates quite clearly how the language we use in discussing disability and disablement can be very powerful.

The image is a line drawing of a figure sat at a desk. On the left hand side of the image, the title reads 'Internal Problems' and below are a list of terms that are associated with the medical model of disability, including disorder, defect, deficient, diagnosis and abnormal. On the right hand side of the image, under the title 'External Barriers' are a list of terms more commonly associated with the social model of disability, such as communication, technological, systemic, architectural, attitudinal, disabling environments. This image shows how we can frame our experience or understanding of disability from different perspectives, and the 'problem' of disability can reside in very different places.

The next five slides include a series of provocations. I intend to present these respectfully, but equally hope to challenge what Moore and Slee (2012, p. 227) term your "bestowed knowledge" of disability. The provocations are evidence based in that they come from published research, my own experiences or the experiences of

disabled students. My intention today is to promote discussion and potentially, to affect change.

I'd like to start with this definition of disabled students from Seale *et al.* (2015, p. 119) who suggest: "Disabled students are presented as **oppressed victims of their universities**, who are deprived of equitable access to important learning resources as a result of institutional non-compliance with legal requirements, professional codes of practice or technical standards and guidelines".

This is a very different definition of disability than that of the Equality Act or potentially our university, but one which was transformative in my own research and shifted the burden of responsibility firmly to the institution and its stakeholders for me. I wonder how you might receive or respond to this positioning?

The second example comes from my own experience. I felt this was important since I want to emphasise that I need to challenge my own assumptions, practices and beliefs too. I am part of this institution and at times, may be part of the problem. As such, I am not presenting these ideas in an accusatory fashion, but as someone who is eager to develop their own practice too.

A student with enormous potential withdrew from the course which I lead before the end of their first year of study. They entered our programme with a triple distinction at Foundation Level, but found great difficulty in navigating the Disability Service and the various processes involved in securing specialist provision for their learning. The student told me they had never hated their disability until they came to USW. But that USW had taught them that their disability was a bad thing.

I found this very difficult to hear and have taken much time to reflect on this student's experience. I am still in touch with this student, who is thriving in another role and continuing to pursue their passions. But I felt it was imperative that we heard this student's words and considered what part we play in the message that USW gave this student about disability.

A further example from our own practice at USW comes from a seminar I enjoyed attending, where a member of staff presented a new project for their module. It was a very interesting and inclusive project, and I was eager to understand how the academic had developed this exciting learning experience.

When asked about disabled students' experiences of the project, the academic suggested that this wasn't something they had ever considered. While it might be possible that no students registered as disabled participated in this small project in its pilot year, it is concerning that a module could be developed from an initial idea, go through planning at team, department and faculty level, through quality assurance, delivery, evaluation and presentation and not at any juncture was the notion of inclusivity or disabled students' experiences considered.

This is a recent newspaper article which reports on disabled students at University College London (UCL) who are publishing a report on the institution's failings to provide reasonable adjustments for their learning experiences. This highlights the legal connotations of providing inaccessible education for students, and demonstrates that students do have the right and opportunity to challenge the institution on its provision and policies.

Finally, I found this extract from Nicola Martin and colleagues' (2019) report very informative. Martin *et al.* (2019) discuss universal design for learning (UDL) as a means for enabling equitable access to higher education. I have included this quotation today, as Martin *et al.* (2019, p. 21-22) highlight: **"Embedding UDL requires joined-up thinking and involves staff in a wide variety of strategic and operational roles, not just lecturers… Professional services staff and academics need to work together with the student at the heart of the process in order to make the workings of the institution transparent to the end user."** This felt particularly relevant and applicable to the work of Faculty Learning and Teaching Enhancement Committees (FLTEC) where colleagues from across the university departments work together, and this could be a forum where we develop a shared vision of UDL which can be applied in a transparent and effective way.

And finally, I've included these recommendations from the UDLL Partnership (2017) report which suggest some important components for an inclusive vision in higher education. I wondered how many of these points are addressed at FLTEC? Whether we consult the expertise of diverse learners when seeking to enact inclusion; whether we have a challenging and shared understanding of UDL; and whether we have a clear plan for taking this forward?

So here are just a few prompts if we need any to get the discussion flowing:

- What are your responses to these ideas?
- What is the role of FLTEC in promoting / facilitating / enabling inclusion?
- What part do we each play?
- How to we enable and disable?

I'd love to understand whether any how any of these provocations have resonated with you and to consider how we could take the discussion forward.

Thank you for your time, here are my references.

Powerpoint Slides

FLTEC: Focus on Inclusivity, Spring 2020.

Provocation on Inclusivity in Higher Education.

Beth Pickard.

University of South Wales
Prifysgol De Cymru

1

Introduction

- Context, background.
  - My practice and research interests.
  - Models/Paradigms of disability (Baglieri and Shapiro, 2017).
- Provocations:
  - Alternative definition of disabled students (Seale *et al,* 2015).
  - Lived experience of USW:
    - Student example.
    - Staff example.
  - Current media context.
  - Recommendations on UDL (Martin *et al.,* 2019).
- Discussion.

2

Context: My Practice and Research.

- National Teaching Fellowship (NTF), 2018.

- MSc in Applied Psychology of Disability.
- PhD by Portfolio exploring Non-Normative Pedagogy.

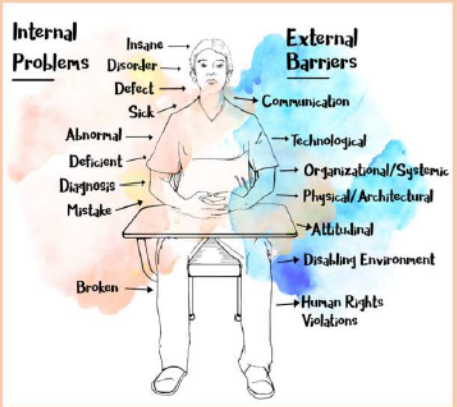
- Affirmative interpretation of disability.
- Interactional model of disability:
  - "In other words, disability results not from [impairment] itself but instead from living in a society which tends to be physically, socially and emotionally inhospitable towards [certain] people" (Houting, 2019, p. 271).
  - Through this lens, **disability is seen as resulting from a poor fit between the (physical, cognitive or emotional) characteristics of a given individual and the characteristics of their social context.**

3

Context: Models/Paradigms of Disability.

- Baglieri and Shapiro (2017, p. 17) define a **paradigm** as "an ideology or frame of reference. It is the way one perceives, understands, or interprets a topic or issue."

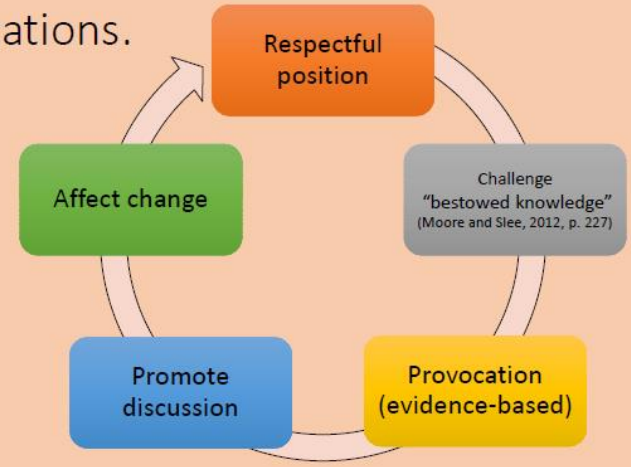
- Prominent disability paradigms in the UK include the medical/individual model and the social model of disability.



Brown (2017), 'Comparing Different Approaches to Disability'

4

Provocations.

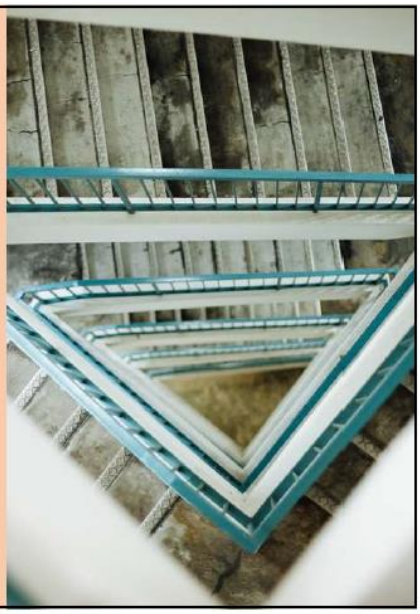


5

Alternative Definition of Disabled Students.

"Disabled students are presented as **oppressed victims of their universities**, who are deprived of equitable access to important learning resources as a result of institutional non-compliance with legal requirements, professional codes of practice or technical standards and guidelines".

(Seale *et al.,* 2015, p. 119)



6

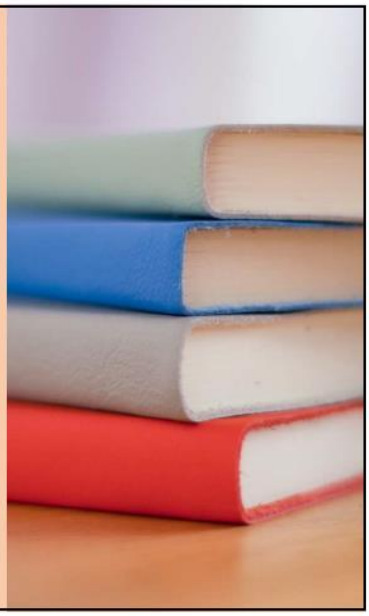
Lived Experience at USW: Student Example.

- The second point is a comment from a student who withdrew from USW before the end of their first year of study, despite entering with a triple distinction at Foundation Level.
- **They stated that they never hated their disability until they came to USW... USW taught them that their disability was a bad thing.**

7

Lived Experience at USW: Staff Example.

Staff Member	"So that's my exciting new module design for this year."
	Applause
Facilitator	"Thank you very much, what an interesting presentation. Are there any questions for today's presenter?"
Audience Member	"This sounds like a great project. Can you tell us about considerations relating to inclusivity? How did disabled students experience this project?"
Staff Member	"Ooh, that's interesting... **I hadn't thought about that at all. I don't know how disabled students might have experienced this project...**"



8

Disabled students accuse leading university of institutional failings on discrimination

By **John Pring** on 16th January 2020
Category: **Education**

Listen

A world-renowned university is facing claims of "institutional failings", after an investigation by its own disabled students into allegations of disability discrimination.

The Disabled Students' Network (DSN) of University College London (UCL) is set to publish a report next week which accuses the university of repeatedly failing to make reasonable adjustments for its disabled students and overcharging them for their accessible accommodation.

9

Recommendations on Universal Design for Learning (UDL)

"Embedding UDL requires joined-up thinking and involves staff in a wide variety of strategic and operational roles, not just lecturers.

Students often find it difficult to work out how things join up within the institution and do not necessarily understand where to go in order to access support.

They may well not know what sort of help they need and universities are not necessarily very clear in the way they communicate this sort of information.

Professional services staff and academics need to work together with the student at the heart of the process in order to make the workings of the institution transparent to the end user."

(Martin *et al.*, 2019, p. 21-22)

10

Points to consider:

- Do you have an over-arching institutional policy for inclusive teaching and learning?
- **Are you using the expert knowledge of the diverse learner?**
- **Is a clear and challenging vision for UDL understood by all?**
- **Have sustainable strategies at all levels been implemented?**
- Have you developed action plans for implementation coherent with budgets and other important plans?
- Have you used/developed a system for evaluation and quality assurance?
- Can your policies, procedures and systems for evaluation with outcomes be internally and externally scrutinised?

(UDLL Partnership, 2017)

11

Discussion

- What are your responses to these ideas?
- What is the role of FLTEC in promoting / facilitating / enabling inclusion?
- What part do we each play?
- How to we enable and disable?

12

References

Baglieri, S. and Shapiro, A. (2017), 'Perspectives on Disability', In Baglieri, S. and Shapiro, A., *Disability Studies and the Inclusive Classroom: Critical Practices for Embracing Diversity in Education* (2nd Edn), Oxon, New York: Routledge, p. 17-32.

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13

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Appendices 23-35 - Impact Statements.

- Appendix 23 - National Teaching Fellowship (NTF), Successful Claim 2018.
- Appendix 24 - Impact Statement from Dr. Clare Kell, Director of USW CELT.
- Appendix 25 - Impact Statement from Dr. Grace Thompson, University of Melbourne.
- Appendix 26 - Impact Statement from Dr. Gustavo Schulz, University of Aalborg.
- Appendix 27 - Impact Statement from Manager of Note Taking Provision, USW.
- Appendix 28 - Impact Statement from Senior Disability Adviser, USW.
- Appendix 29 - Evidence of Impact of Conference Presentation at USW Music Therapy and Autism Conference.
- Appendix 30 - Evidence of Impact of USW LTEC Provocation.
- Appendix 31 - Evidence of Impact of Journal Article About Instrumental Tuition for Learners with Down's Syndrome (Parent Perspective).
- Appendix 32 - Evidence of Impact of Journal Article About Instrumental Tuition for Learners with Down's Syndrome (Professional Perspective).
- Appendix 33 – Evidence of Impact of Presentation to USW Equality and Diversity Steering Group (Appendix 19).
- Appendix 34 - Evidence of Impact in Engaging with Graduate School Regulations.
- Appendix 35 - Evidence of Impact of Presentation About Appendix 7.

Appendix 23 - Successful National Teaching Fellowship (NTF) Claim, 2018.

Name:	Beth Pickard
Institution:	University of South Wales

Criterion 1: Individual excellence

Evidence of enhancing and transforming student outcomes and/or the teaching profession commensurate with the individual's context and the opportunities afforded by it.

The essence of my claim of individual excellence is, within the context of my role as an early career music lecturer, my challenge of the dominant discourse and pedagogy of disability as a medicalised, deficit-based construct. My approach advocates that, to experience the world 'differently' from the 'norm', or to communicate in ways that contradict the hierarchy of verbal knowledge, is celebrated as valid and insightful ways of experiencing the world. I stimulate safe, critical engagement with these ideas as a feature of my pedagogic approach. This section evidences the transformative impact of my pedagogic practices on students' outcomes and the way my, and other professions, are taught.

I teach at undergraduate and postgraduate levels at an institution with a widening access agenda, typically recruiting local, national and international students. We attract students with a range of learning needs and mental health challenges and have a rich student demographic bringing a wealth of experience to the cohort. This breadth of experience mirrors the diversity of society and provides a meaningful opportunity for reflecting on the challenges and opportunities of inclusive practice within and beyond HE.

I have developed my approach to curriculum design during my 4 years of part- and full-time work with the Creative and Therapeutic Arts (CTA) degree. A social, non-normative interpretation of disability (Pickard, In Press) and anti-oppressive pedagogy (Beckett, 2015) are introduced through work-based projects where the expertise of the individual with a disability is recognised and valued. Students are encouraged to challenge bestowed knowledge and to develop their own lived

experience informed by engagement with relevant experts in the field: “For me, the social model and Beth’s training has helped me to meet people where they are and understand their world, rather than expecting them to fit into mine” (TD, Graduate 2017).

Students engage in a journey through inclusive arts facilitation in authentic public-facing professional engagements that gradually withdraws central support. At Level 4, to nurture confidence, skills and ethical responsibility awareness, students work collaboratively with School pupils in small groups. By Level 5 and 6, having established a framework for responsible, creative practice, students work increasingly independently in a professional context facilitating workshops with up to ten participants.

My approach impacts students’ capacity to engage with their studies at a fundamental level because it makes visible the parallels between facilitating arts workshops with participants who have disabilities, and enabling students with/without disabilities to recognise their own experiences in the theories shared. By enabling students to take an active role in the pedagogy of ideas, my approach promotes understanding of the potential to challenge systemic barriers to participation according to social model interpretations of disability. Explicitly pursuing the reduction of such barriers at a course level, enables effective student ownership of and engagement in their studies, leading to 67% of a cohort of 64 to access disability/wellbeing support. Nurturing this approach to self-belief and action has transformed the Course’s retention over 4 years:

Cohort	2014-2015	2015-2016	2016-2017	2017-2018
Retention	33%	84%	88%	100%

This lived experience of inclusive provision empowers students to provide inclusive opportunities to their participants, which in turn improves their autonomy and wellbeing:

“I struggled a lot ... but the course helped me feel appreciated and intelligent and like I could complete the degree … now I am running workshops and the Head-teacher is seeing so much change that I’m actually getting my own budget and dedicated room… and I’m building up a portfolio to apply for my Masters.”

(BF, Graduate 2015).

The emotive nature of some of the teaching can impact students personally. The transformation on this student’s outcomes was in understanding her daughter’s experiences and exploring her own responses:

“Beth embodies her academic approach, seeing us all as individuals. Her lecture on Autism and supportive follow-ups had a personal influence on me and my valuing of my daughter’s uniqueness. I will always be grateful.”

(LG, Student)

Sharing the approach via social media (my own Twitter account with 635 followers and 8951 impressions, and a student’s (OG) Instagram account (335 followers) has impacted recruitment, with applicants commenting on OG’s story at open days, and a vibrant non-course bank of volunteers approaching show-cased local partner charities. One national therapeutic arts organisation now targets the course with volunteering and recruitment opportunities, placing 5 students this year alone. This impact is remarkable evidence of establishing a viable trajectory for student employment and professional development through a highly regarded provider, in only 3 years of collaboration.

Not only has the approach impacted on students and their trajectories, but it is effecting how arts professionals and school teachers frame the norms of their teaching practices. In a film disseminating the work of the Hijinx Theatre (circulated to Arts Council of Wales partners nationally) following a project with Level 4 students (involving 21 young people from 3 schools, and shown to 4 full-house performances), Jon Dafydd-Kidd, Outreach Coordinator said: “Beth is transforming the way in which the arts is taught, … through placement and engagement, perceptions and expectations of disability are being challenged”. A teacher from one of the participating schools, in a particularly emotional extract, described the challenge to her perspective, recognising that her “approach to

learning is becoming more creative" by considering the arts as a vehicle to nurture and celebrate students' abilities as opposed to perpetuating an ableist curriculum. Two pupils involved in the project shared that they "enjoyed it very much" and "feel proud of myself" (CB, JN, Woodlands High School). This is evidence that pupils identified with an opportunity to elevate their authentic expressions and move away from a deficiency-based narrative.

Wider impact of the approach is further evidenced by organisations which host the students' individual placements adapting or developing their own approach to adopt these values:

"This was our first CTA placement… [the student] and participants produced an exhibition of their work and shared a celebratory meal. The project was so popular with our participants that we are looking at funding to carry on this work, as a direct response to the positive impact of this placement."

(RN, Placement Mentor, Cyfannol Women's Aid)

Experiencing the positive impact of my approach, through the practices of students, has led to our placement partners creating at least eight posts that did not exist before our students went on placement. Compared to graduate employment data of 69% in 2014, we reached 100% in 2017 (DLHE), with 50% of the cohort recruited and continuing to practice locally. Further, 30% of students engaged in the Hijinx Theatre pilot are still volunteering with the group as alumni. In four years 1,700 local people have come into contact with our approach, as well as their family and support networks: a footprint partly enabled by our 39% local recruitment. These strong local connections are enabling sustainable mutual outcomes for students' learning, employability and community wellbeing agendas.

Feedback from students, colleagues and participants has been invaluable in understanding the impact of teaching through the lens of disability studies on a range of disciplines and professions. Developing robust, relevant pedagogical opportunities which encapsulate this vision in communicable ways is a challenge. Below I illustrate how I am impacting on teaching at USW.

Firstly, this year, I have led a step-change validation of the CTA degree, thoroughly embedding principles of inclusive practice throughout the spiral

curriculum. This is the first creative arts course in the country explicitly framed in a non-normative discourse as recognised by our External Examiner: ‘This is vital work for both academic and community contexts’.

Another route to sharing my approach to impact teaching practice is through SignAlong: a sign supported communication system which incorporates BSL and spoken language to enable communication. While SingAlong shows students in other disciplines how reducing the impact of impairment on an individual and challenging the assumption that impairment should necessarily lead to disability (Goodley, 2017), the approach and student world-view impact is changing other learning opportunities staff develop. In 4 years I have worked with over 200 students and staff on Psychology, Early Years and Education courses with Early Year’s developing an ‘Achieving Inclusion’ conference as a result. Finally, with regular presentations at internal seminars, I have built a community of practice with staff across USW who wish to explore normative discourses in their disciplines.

This section has evidenced my claim for individual excellence in developing, testing, and sharing a pedagogic approach that values non-normative interpretations of diversity and its impact on student outcomes and teaching in academic, community and professional practice settings. Since commencing my academic role as 0.4FTE Senior Lecturer in 2014, I have introduced and embedded a culture of critical curiosity into the nature of normalcy and diversity into curricula I teach and develop with colleagues. The impact of my approach has been recognised by students and colleagues through a range of internal and external nominations and awards (USW Student Choice Nominations, 2015-2018; USW Individual Excellence in Learning and Teaching, 2015, 2017; THE Nomination, 2017, 2018; USW People Awards Nomination, 2017) and promotion as fulltime Course Leader in 2016.

Word Count (Max 1,500 words):	1497 words

Criterion 2: Raising the profile of excellence

Evidence of supporting colleagues and influencing support for student learning and/or the teaching profession; demonstrating impact and engagement beyond the nominee's immediate academic or professional role.

I use my academic role to challenge systemic deficiency-based models of understanding disability in student experience and in the teaching of a range of disciplines, as well as promoting a non-normative understanding of disability at university, in practice and in broader society. I have raised the profile of this approach through a range of professional development opportunities within and beyond the university context. Within the CTA curriculum and ethos I have embedded my approach, the impact of which on students, participants and organisations is outlined in Criteria 1. This approach has also informed the way staff within and beyond the CTA course perceive disability and engage in active pedagogies.

At first I shared my approach with immediate colleagues – advancing its reach from initial pilot projects where I was Module Leader, to collaborative projects across modules and now, after 4 years, in whole-course approaches. While challenging a dominant discourse can be difficult, providing experiential and theoretical learning around the underpinning of my approach was a valuable CPD opportunity for the course team:

"Beth's focused CPD has challenged my thinking around the language of disability in my practice as a clinician and academic… she has helped me transform the way I approach group supervision and value the voices within the group".

(Liz Coombes, Course Leader MA Music Therapy USW)

I have also applied nurturing leadership qualities to empower staff to develop their own authentic teaching and learning experiences stemming from my non-normative ideas. Perpetuating a person-centred ethos, it is vital for staff to be enabled to pursue their own passion and strengths, within the supportive frame of my approach:

“Beth … encouraged us to design creative activities that got to the heart of how students were feeling ‘now’ and did blue-sky thinking about the future… This was extremely successful with students ‘hanging around’ for a long time talking to us and their peers.”

(CTA Course Team, USW People Nomination 2017).

The cohesion of our whole team approach was recognised by a Team Excellence in Learning, Teaching and Assessment ‘Highly Commended’ Award in 2017.

In order to motivate a step-change in perceptions and translation into practice, I developed a multi-sector, multi-stakeholder change strategy to challenge a normative discourse and make visible the potential of an inclusive approach. This is enabled through active sharing of the curriculum ethos, project design process and impact upon student and participant outcomes, to discipline and non-discipline communities, at internal (Raising Aspirations Seminars, USW Learning and Teaching Conference, Faculty Research Conference), local (A2 Connect, Arts in Education Learning Group), country wide (ArtWorks Cymru, Case Study; Arts Council of Wales, Case Study), national (University of East Anglia Participatory Arts Conference; UK Council of Graduate Education National Conference) and international levels (Häme University, HAMK, Finland, International Wellbeing Week). While these individual activities, many in my own time, widen the footprint and reach of my approach, my strategy recognises the potential for exponential change through collective endeavour and explicitly seeks out and supports such activity.

One example of this collective endeavour is my organisation of a Placement Mentors day in 2017. 60 placement providers came together face-to-face and online to learn about the course’s ethos and ambition. Framing this day as an experiential learning opportunity, echoing the active pedagogy facilitated with students, enabled Mentors from education, health, social care, third sector and other agencies to experience the impact of my approach. Feedback from Placement Mentors was resoundingly positive as this short quote evidences:

“It sounds like an incredibly thorough and thoughtful course – looking forward to welcoming a student on placement.”

(Evaluation, Placement Mentor)

Another collective endeavour involved Staff from a local hospital sharing in the co-production of a non-normative worldview of health through narratives of their work, which students created into artworks and gifted to the hospital to invigorate tired corridors. Initially cautious, the NHS staff reported surprise and pleasure at the power of art to make visible and elevate their narratives in accessible ways. The exhibition, now permanent, triggers discussion among visitors, staff and patients with the Health Board keen to scale the work in other areas:

“It brings real joy and interest… the Health Board is interested and I have given the information on this art work to [the] Board Secretary.”

(Lin Slater, Assistant Director of Nursing, St Woolos Hospital)

The openness to change and development, supported by creativity and motivation from our Course Team, Placement Mentors and breadth of professional partners has created practice that, consistently and authentically embodying my approach, has enabled a step-change impact upon colleagues across the Faculty, the wider community within and beyond my discipline and across USW as evidenced below.

My students’ vocalisation of their own experiences of normalcy and diversity has brought me into regular contact with our Disability and Dyslexia Service (DSS) exposing the implicit discourse of normalcy lurking in systems that gate-keep resources. In response to student narratives, I have undertaken an audit of systemic assumptions through the lens of non-normative discourses. Through dialogue and audit data analysis I have enabled a transformation both in the systemic normalcy discourse of embedded local systems and in the way the DDS operates and works with students. Sharing principles of anti-oppressive pedagogy challenges a hierarchy of students ‘in need’ and the ‘expert’ or ‘supporter’ who provides the solution. This collaboration has culminated in the production of an infographic to support all USW students in understanding and accessing vital specialist support for their studies:

“Working with Beth has been a revelation. Beth and her students have taught me about, and helped me experience, the non-normative approach in practice as we have audited and questioned longstanding systems. My team and I have

benefitted greatly from seeing the world in a new way, there is no going back! The infographic will reach more than 2,000 students this year!"

(Val Norris, Manager DDS)

Informed by my ongoing scholarly activity, we have recognised other systems perpetuating an ableist model of higher education (Penketh, 2017), and are piloting a project which builds on principles of universal design to celebrate diversity of note-taking skills and approaches. This project will utilise and celebrate the expertise of the group, including students with autism who create fantastically creative visual and artistic notes of lectures, to limit reliance on specialist support and enable student voice to be at the core of the solution.

Both these projects are being critiqued for use at Faculty level with cross-University roll-out planned for the Autumn. Not only will this work offer a step-change in the accessibility and provision of central resources, it is providing powerful confirmation of self for the students whose observations and openness are leading the change.

Beyond the university context, I am dedicated to uniting my academic endeavours and clinical practice. My passion for informing music therapy practice with a Critical Disability Studies perspective has secured me a book chapter in a forthcoming Jessica Kingsley publication about music therapy and autism across the life span. The book's editor writes that the chapter "is an excellent addition to the book… bringing a unique perspective on neurodiversity". This unique contribution to a seminal, national publication, is evidence of supporting meaningful and positive change in practice and policy within music therapy by introducing a shift in thinking around disability and diversity.

Sharing my approach through teaching and publishing activities was complemented this year by my role on the BAMT Scientific Committee. Having a voice in shaping the national professional organisation's biannual conference and the trajectory of the profession alongside internationally renowned and experienced colleagues was a great opportunity and privilege. Specifically, I have been able to advocate for the inclusion and elevation of the service user perspective and a non-normative agenda.

Finally, it was a privilege to be invited to Häme University's International Wellbeing Week this year, where students on nursing, early years and social services programmes learned about models of disability and sign-supported communication. The rich learning experience for my pedagogical practice was the focus of a joint publication with a colleague I met during my visit (Pickard and Romppanen, 2018). Supporting this more clinically experienced but less widely written academic to publish about our discussions regarding inclusive practice goes beyond my academic and professional role at USW and demonstrates a commitment to voicing and affecting real change in contemporary pedagogy. Sharing my work through this external, international context is a valuable opportunity to challenge my own understanding and application of theories and continually reinvigorates my passion for this trajectory.

While I am still a relatively early career academic, in my second year of full time employment and course leadership, I am passionate about pursuing excellence in inclusive practice and continue to challenge systemic assumptions, through individual and collective endeavours, keeping true to the voice of participants and students as the experts in their own experiences. The reach of my autonomously pursued ambitions in my short time in post demonstrates my commitment to this agenda.

Word Count (Max 1,500 words):	1477 words

Criterion 3: Developing excellence

Evidence of the nominee's commitment to and impact of ongoing professional development with regard to teaching and learning and/or learning support.

In this section I evidence how my critically reflective, multi-modal practice informs my ongoing academic journey, and the transformation of student, participant and organisational experiences and outcomes outlined in Criterion 1; the sharing and enabling of my approach to be adopted by others within Faculty, across the university, profession and externally as outlined in Criterion 2; and the development and challenge of my practice as a clinician and academic.

A project central to my personal ethos and commitment to ongoing development is the Little Amber Project, an off shoot of The Amber Trust, working with premature babies and their families. Working with the Project, I have opened dialogue with people vulnerable to a discourse of normalcy which may negatively impact bonding and augment anxiety around communication and relationships. This UK-wide programme, for which I am one of two Welsh practitioners, provides a nurturing, social model-based service to parents, enabling families of premature babies with visual impairments to process and make sense of their experiences. My role is musical, therapeutic and social to provide a listening ear, a source of skills and communicative strategies, fun and respite to families.

The design and detail of the project provides valuable insight for CTA students with regards to professional, evidence based practice and develops graduate attributes in research design. The project has also enabled the development of professional networks, opened student placements, and through social media and project outputs sharing, raised the visibility and profile of the CTA course, our students and my approach into practice.

Drawing on my professional practice is invaluable for demonstrating to students and colleagues, practice currency, authenticity of the integration of theory into practice, and critical engagement with theoretical frameworks from a range of disciplines. Insights from clinical practice and associated academic writing inform direct examples for music therapy lectures, seminars and workshops, as well as case studies for review in Art Psychotherapy, Play Therapy and Early Years curricula.

Social media has had an unexpectedly positive impact on my recent CPD: not only have three national conference presentations and applications to two international journals been secured in response to connections made through Twitter, but professional relationships formed with like-minded colleagues, have challenged my assumption and helped significantly inform the development of my multi-media dissemination strategy. The development of my PhD proposal has also been shaped by engagement with sector-leading academics, co-production networks and university departments on Twitter. In recognising the impact of social media on my own CPD, I've been eager to consider how I might share this powerful tool

with students. Experimenting with my individual professional Twitter page (635 followers, 585 profile visits and 8,592 Tweet Impressions in April 2018) and the collective Twitter page I manage for the CTA course (366 followers) has taught me how to relate my own ongoing professional development to the students' experiences and subsequent outcomes. Tweeting from a recent conference brought the event alive for students following back at USW, and demonstrated the power of social media to open doors to national agenda and communities: 'Beth's presence on social media during the BAMT Conference challenged me to pick up the links and research further into some interesting talks.' (LG, MA Student)

Incorporating social media into our curriculum, and teaching its safe and effective use, showed immediate impact with students and alumni now engaging in employment and scholarly activity through connections they are making. This academic year, the students and I used Twitter to collate evaluation reports and case study examples for an evidence-based practice module. This has taught me the potential of social media to gather a wide range of voices and how this can support students' access to expert perspectives whether academic, artistic or lived experience. Students related to these contemporary and accessible examples and have been able to develop their own reach by engaging further with authors via social media.

The development and implementation of my pedagogic approach was informed by study on the PGCert in Developing Professional Practice in Higher Education in 2016, and my successful application for SFHEA in 2018. Commensurate with my level of experience, taking on the role of Course Leader in my third year in post, my current aspiration in my fifth year is to develop a PhD by Portfolio which explores my philosophical and logistical approach to developing an affirmative understanding of disability and anti-oppressive pedagogy. This perspective recognises that the study of disability can deepen our understanding of culture and is thus valuable across disciplines. My proposed research will build on my experiences of teaching beyond my subject specialism of inclusive music practice and person-centred music therapy (Pickard, In Press), into participatory arts, art psychotherapy, play therapy, psychology and early years. This work will extend further the 23 publications (13 conferences, 4 papers, 1 book chapters, 5

academic posters) I have achieved already in my short academic career and will support me to build on many challenging dichotomies within my areas of research interest. This includes the potential of a social model interpretation of disability to deny embodied experiences, as raised at a recent conference; and the potential of the person-centred approach of my practice not to be conducive to time limited treatment models, an issue I am exploring in my own clinical practice and supervision. I hope my PhD studies will further my understanding of the current pedagogy of disability, and help me push boundaries, across disciplines, to develop an increasingly affirmative and neurodiverse curriculum and support service in HE. As part of my portfolio of evidence for the PhD I am presenting at the prestigious UKCGE Annual Conference, sharing my approach and ethos with a receptive community of educators in the PG field; an opportunity which I am excited and honoured to accept at an early stage in my career.

During my visit to HAMK I met Finnish colleagues and became part of their curriculum development group for an innovative MA programme for artists and social care practitioners (MA Promoting Wellbeing Through Culture and Art). Drawing from the newly validated CTA curriculum and approach, as well as the unique Welsh strategic perspective on arts in health, enabled me to share insight about theoretical frameworks and models of practice which may inform and be of relevance to their curriculum development. Challenging myself to share ideas with colleagues in very different settings has confirmed the basic premise of my approach and, through listening to their approaches and ideas exposed gaps in my knowledge and argument which I hope our ongoing collaboration and my PhD will address. There is real potential for this cross-University collaboration to transform staff and student outcomes at both HAMK and USW through curricula and extra-curricular buddying, mentorship, project co-creation and recognition of areas of common research interest.

My role as a named collaborator in a recent successful bid to the Wales School for Social Care Research for an All Wales Social Prescribing Research Network will also support this ongoing professional relationship, as a locally relevant adaptation of social prescribing may be a valuable vehicle for the dissemination of the work on the MA at HAMK. I am excited to be part of this Social Prescribing Research

Network and to shape, with experienced colleagues across disciplines at USW and the third sector, how we can develop social prescribing as a tool to address health and wellbeing within and beyond creative arts and arts therapies. This is a further opportunity to share my approach across the health sector while also learning about others' ideas and practices challenging the medicalised interpretation of disability. In addition, through transparency and advocating for student engagement, there will be opportunities for students to follow the trajectory of this innovative network, through active participation and engagement on social media, in order that their voices are heard as the future workforce of this valuable intervention. There will be scope to explore these ideas through discussion and sharing of ideas during four national networking events scheduled for the next 12 months, where colleagues from a wide range of disciplines will come together to explore priorities and perspectives on Social Prescribing in Wales.

In conclusion, I see my role as not to impose change, but to enable individuals to be the authority in their own journey, and value their trajectory and pace for growth. My role as an academic is to challenge systemic deficiency-based models of understanding disability in student experience and in the teaching of a range of disciplines, promoting a non-normative understanding of disability at university, in practice and in broader society and, through networks and community building, to learn from others in this endeavour. The next steps in my professional development will be to share these ideas and the evidence base supporting them with a wider audience, through scholarly activity and cross-University initiatives. Sharing curriculum design through the lens of this approach is an area I am also eager to explore, with potential to learn with and from others about ways to value diversity in the learning experience for whom and wherever that learning experience takes place.

Word Count (Max 1,500 words):	1500 words

References
Beckett, A. E. (2015), 'Anti-Oppressive Pedagogy and Disability: Possibilities and Challenges', Scandinavian Journal of Disability Research, 17(1), p. 76 – 94 Goodley, D. (2017), Disability Studies: An Interdisciplinary Introduction (2nd Edn), London: Sage Penketh, C. (2016), 'Creative Subjects? Critically Documenting Art Education and Disability', In Bolt, D. (Ed), Changing Social Attitudes Toward Disability: Perspectives from Historical, Cultural, and Educational Studies, Oxon, New York: Routledge Pickard, B. (In Press), 'Valuing Neurodiversity: A Humanistic, Non-Normative Model of Music Therapy Using Rogers' Person-centred Approach with Young Adults with Autism Spectrum Conditions', In Dunn, H., Coombes, E., Maclean, E., Mottram, H. and Nugent, J. (Eds), A Spectrum of Approaches: Music Therapy and Autism Across the Life Span, London: Jessica Kingsley Pickard, B. and Romppanen, M. (2018), 'Conference Reflection: HAMK International Wellbeing Week and a Chance Meeting with a Fellow Music Therapist', Leading Note: BAMT Magazine

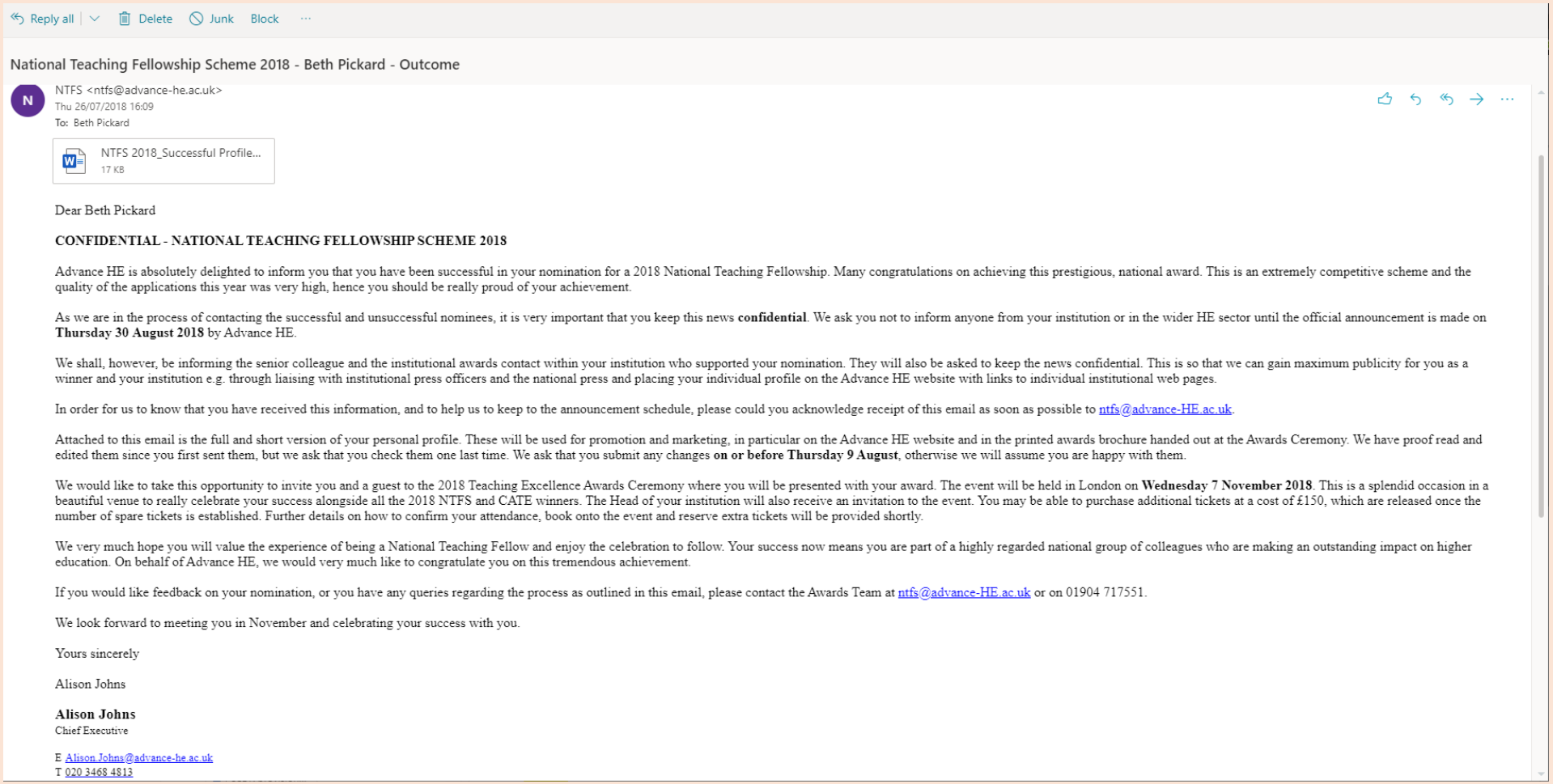
References Word Count	140 words
Final Word Count:	4614
Signature*: (*electronic signatures are accepted)	Bethan M Pickard
Date:	30/4/18

By signing this document I confirm that:

I have read, understood and agreed to the HEA's Privacy Notice

This claim is solely my own work.

Email confirming successful recognition as a National Teaching Fellow, 2018.



Reply all | Delete | Junk | Block

National Teaching Fellowship Scheme 2018 - Beth Pickard - Outcome

NTFS <ntfs@advance-he.ac.uk>
Thu 26/07/2018 16:09
To: Beth Pickard

NTFS 2018_Successful Profile...
17 KB

Dear Beth Pickard

CONFIDENTIAL - NATIONAL TEACHING FELLOWSHIP SCHEME 2018

Advance HE is absolutely delighted to inform you that you have been successful in your nomination for a 2018 National Teaching Fellowship. Many congratulations on achieving this prestigious, national award. This is an extremely competitive scheme and the quality of the applications this year was very high, hence you should be really proud of your achievement.

As we are in the process of contacting the successful and unsuccessful nominees, it is very important that you keep this news **confidential**. We ask you not to inform anyone from your institution or in the wider HE sector until the official announcement is made on **Thursday 30 August 2018** by Advance HE.

We shall, however, be informing the senior colleague and the institutional awards contact within your institution who supported your nomination. They will also be asked to keep the news confidential. This is so that we can gain maximum publicity for you as a winner and your institution e.g. through liaising with institutional press officers and the national press and placing your individual profile on the Advance HE website with links to individual institutional web pages.

In order for us to know that you have received this information, and to help us to keep to the announcement schedule, please could you acknowledge receipt of this email as soon as possible to ntfs@advance-HE.ac.uk.

Attached to this email is the full and short version of your personal profile. These will be used for promotion and marketing, in particular on the Advance HE website and in the printed awards brochure handed out at the Awards Ceremony. We have proof read and edited them since you first sent them, but we ask that you check them one last time. We ask that you submit any changes **on or before Thursday 9 August**, otherwise we will assume you are happy with them.

We would like to take this opportunity to invite you and a guest to the 2018 Teaching Excellence Awards Ceremony where you will be presented with your award. The event will be held in London on **Wednesday 7 November 2018**. This is a splendid occasion in a beautiful venue to really celebrate your success alongside all the 2018 NTFS and CATE winners. The Head of your institution will also receive an invitation to the event. You may be able to purchase additional tickets at a cost of £150, which are released once the number of spare tickets is established. Further details on how to confirm your attendance, book onto the event and reserve extra tickets will be provided shortly.

We very much hope you will value the experience of being a National Teaching Fellow and enjoy the celebration to follow. Your success now means you are part of a highly regarded national group of colleagues who are making an outstanding impact on higher education. On behalf of Advance HE, we would very much like to congratulate you on this tremendous achievement.

If you would like feedback on your nomination, or you have any queries regarding the process as outlined in this email, please contact the Awards Team at ntfs@advance-HE.ac.uk or on 01904 717551.

We look forward to meeting you in November and celebrating your success with you.

Yours sincerely

Alison Johns

Alison Johns
Chief Executive

E Alison.Johns@advance-he.ac.uk
T 020 3468 4813

Appendix 24 - Impact Statement from Dr. Clare Kell, Director of USW CELT, relating to Appendices 21-23.

Impact Statement

Clare Kell
Sat 13/06/2020 15:02
To: Beth Pickard

Statement of impact: Beth Pickard June 2020

To whom it may concern,

I write this Statement of Impact in my role as Director, Centre for the Enhancement of Learning and Teaching. I have known Beth for the last three years in this role firstly as we shared observations about the inclusion agenda at USW, and I supported her to value her expertise and work through submitting claims for internal practice recognition awards. Very quickly in our conversations I realised that Beth's practical work, authentic and fully grounded in her lived experience, was comparable with practice valued as nationally excellent in the UKHE sector. Working with Beth to support her successful claim for a National teaching Fellowship (2018) gave me a deep understanding of her work. Since then, where it has been appropriate and manageable in her workload, I have worked with Beth to try and raise the profile of her work and the essential message and critical framework it offers to USW.

To that end, Beth, as a member of the USW Learning and Teaching Enhancement Committee (LTEC), has been a powerful, but soft agent of change over the last year in particular. It is with real pleasure that I have seen her confidence in dialogue with others grow as, through her research and PhD studies, she has been able to really make visible and critique the foundations of her values and practice, harnessing these in a way that is accessible to others.

Particularly impactful in this regard is the way she has enabled some members of LTEC to feel safe enough to recognise that their espoused values and practices may not always align when it comes to issues of learning accessibility and inclusion. Specifically, in 19/20, LTEC has been reconsidering its form and function. We saw this as our opportunity to authentically frame LTEC's work in a coherent approach to inclusion that included, but went beyond, compliance with the General Duty. To support this work, we ran a workshop for members challenging assumptions and opening possible horizons for activity. Beth presented a critically-informed, provocation piece evidenced with USW-real data. The outcome was full recognition of the need to ground LTEC's work in values of inclusion.

However, in a subsequent, connected workshop we explored how espoused ideas might run through and be modelled in people's practice. Joining colleagues as workshop participant, Beth was able to make staff feel safe to make visible and articulate their personal lacunae. The outcome of this work is that LTEC members raised for themselves, the need for focussed CPD and support as we developed our framing values.

Through this example I have seen Beth's expertise and her facilitative skill in action. But I have also noticed her growing confidence to help people make visible and then challenge assumptions and lenses. I sincerely hope that we will be able to continue to draw on her expertise as we run the change agenda through into practice in 20/21, but also harness the potential for her, recognised as she is for being both a role model and a change agent, to connect likeminded practitioners across USW together for mutual and institutional benefit.

Clare Kell EdD SFHEA FSEDA
Cyfarwyddwr | Director
Canolfan i Wella Dysgu ac Addysgu | Centre for the Enhancement of Learning and Teaching (CELT)
Prifysgol De Cymru | University of South Wales
Pontypridd

Appendix 25 - Impact Statement from Dr. Grace Thompson, University of Melbourne, (Appendix 5).

Having read my journal article on instrumental tuition for musicians with Down's Syndrome (Appendix 5), Dr. Grace Thompson has been in communication with regards to utilising the article in the reading list for a new programme she is developing at the University of Melbourne entitled 'Specialist Certificate in Inclusive Music Teaching'. I also hope to contribute to this programme as a guest lecturer.

GT

Grace Thompson <graceat@unimelb.edu.au>
Thu 21/05/2020 05:01
To: Beth Pickard

RHYBUDD: Mae'r e-bost hwn yn tarddu o'r tu allan i'r sefydliad. Peidiwch â chlicio dolenni nac agor atodiadau oni bai eich bod yn adnabod yr anfonwr ac yn gwybod bod y cynnwys yn ddiogel.

CAUTION: This email originated from outside of the organisation. Do not click links or open attachments unless you recognise the sender and know the content is safe.

Dear Beth,

Re: impact of your recent article:
Pickard, B. (2019). A Framework for Mediating Medical and Social Models of Disability in Instrumental Teaching for Children with Down Syndrome. *Research Studies in Music Education*.

This email is to confirm that your 2019 article listed above will be included in the reading pack for a new professional development short course that I am coordinating at the University of Melbourne and due to launch in 2021: the "Specialist Certificate in Inclusive Music Teaching". Your research is particularly relevant and well aligned to the learning objectives of this course, as the curriculum similarly aims to "develop confidence amongst [music] practitioners, and thus in turn increase provision of relevant musical opportunities to students with additional learning needs." (abstract).

Given your expertise and critical perspectives in this field, I would like to welcome you as a guest lecturer if you have time in your schedule. I am also interested in looking for opportunities to collaborate with you in the future around curriculum development and (hopefully) research into teacher/learner outcomes.

Best wishes,
Grace

Dr Grace Thompson | Senior Lecturer Music Therapy
Senior Academic Advisor, Melbourne Conservatorium of Music
Course Coordinator, Hong Kong Master of Music Therapy
Course Coordinator, Specialist Certificate in Inclusive Music Teaching
Faculty of Fine Arts and Music
Office: Building 862, Room 226, 234 St Kilda Rd Southbank VIC 3006
The University of Melbourne, Australia
T: +61 3 9035 8978 **M:** +61 414 373 075 **E:** graceat@unimelb.edu.au
Post: Sturt Street Service Centre, Building 876, 45-49 Sturt Street Southbank VIC 3006
https://www.findanexpert.unimelb.edu.au/display/person149677

Appendix 26 - Impact Statement from Dr. Gustavo Schulz, University of Aalborg (Appendix 6).

Through collaboration with Dr. Gustavo Schulz through an international collective for music therapists interested in working with autistic people, Gustavo shared that he was using my chapter (Appendix 6) in his teaching and research. I have since been invited and look forward to sharing my work at the next meeting for this international collective of music therapists and to further collaborating with Gustavo as he develops future research in this field.

To Beth Pickard

Aalborg, May 25, 2020

My name is Gustavo Schulz Gattino, I'm a music therapist trained in Brazil, assistant professor at Aalborg University, guest lecture of the University of Barcelona (Spain), Catholic University of Valencia (Spain) and IMAP Institute (Spain) and, accredited music therapist by the Portuguese Association of Music Therapy (APMT). I have been working as a clinician, educator and researcher in the field of Music Therapy and Autism for many years. I'm writing this document is to share some experiences using and applying the chapter "Valuing Neurodiversity: A Humanistic, Non-Normative Model of Music Therapy Exploring Rogers' Person-Centered Approach with Young Adults with Autism Spectrum Conditions" written by Beth Pickard in the book "Music Therapy and Autism Across the Lifespan: a spectrum of approaches", Edited by Henry Dunn, Elizabeth Coombes, Emma Maclean, Helen Mottram and Josie Nugent and published by Jessica Kingsley Publishers.

The chapter "Valuing Neurodiversity: A Humanistic, Non-Normative Model of Music Therapy Exploring Rogers' Person-Centered Approach with Young Adults with Autism Spectrum Conditions" written by Beth Pickard had a direct impact not only on my practice as a music therapist but also on my practice as a researcher and educator in music therapy. This chapter presents a clear and coherent proposal of a model for the clinical practice in the context of adults with autism spectrum conditions (ASC). According to Bruscia's definition (2014), a model is a set of techniques, procedures and theoretical foundations that define a music therapy for a given population. The Pickard's model coherently connects

a person-centred approach, a non-directive attitude, engagement with the techniques of pre-therapy and a belief in a non-normative, social model of disability. Throughout the chapter, the author explains those different approaches and techniques that are part of her model and exemplifies it through two clinical cases. At the end of the chapter, Pickard reflects on possible criticisms regarding the model, as well as their implications for practice in the context of autism.

Among the different topics covered, the first that created a great resonance with me was the contextualization of neurodiversity within the practice of music therapy for people with autism spectrum conditions (ASC). The first time I heard on neurodiversity was in 2015 when the music therapist Kenneth Aigen gave a lecture in New York in the event "International Perspectives on Improvisational Music Therapy and Autism Spectrum Disorder: Research and Practice". He presented the paradigm of neurodiversity for music therapists and showed some implications in research and clinical practice in music therapy for people with ASC. Aigen's main message was that we need to understand our clients outside of their deficits and pathological aspects. In this sense, Pickard agrees with Aigen perspective, but she also demonstrates with two concrete cases how a neurodiverse perspective can be applied in the clinical practice, respecting the client, his wishes and searching for non-normative goals for the therapeutic process. As a site manager of the TIME-A study (a multicenter study on music therapy and autism) in Brazil, I consider the shift to this new paradigm essential for future research on music therapy and autism in an international perspective.

The person-centred approach brings an essential point to understand the model proposed by Pickard: the client-centred therapist, when busily engrossed in the task of empathically and non-judgmentally receiving the client, has no agenda other than the agenda of the client, and, as a consequence, is working in a non-directive way. In recent years, based on different writings on improvisational music therapy (Geretsegger et al.,

2015), there are some discussions on the need to work in a non-directive understanding, from the client's perspective, respecting and meeting the individual's real needs. As a music therapist who follows this perspective in my clinical practice, I believe that Pickard's model presents a clear rationale and examples of how person-centred approach can be carried out. In some music therapy models and approaches, it is possible to have a false impression that the client is in a leadership perspective because he/she is improvising. However, the music therapist might control what is happening in the improvisation, inducing the client's .responses.

Another fundamental topic of the model proposed by Pickard are catalogues of contact reflections from Garry Proudy's pre-therapy. It was amazing to me how these categories fit together perfectly as the non-different perspective and based on improvisational music therapy as proposed by Pickard. These categories, as the author herself indicates, allow a non-directive look and the construction of a moment-to-moment interaction that makes sense to the client. Pickard constantly compares the categories of contact reflections with Tony Wigram's therapeutic methods of improvisation. In my practice as an educator in music therapy in undergraduate and master courses in music therapy at the University of Aalborg (Denmark), Tony Wigram's methods are the main reference for improvisation courses. So, from the model proposed by Pickard, I now have a clear example of how the methods can be proportionate to other intervention proposals from other disciplines that only improve the direction and specificity of interventions.

A relevant theme proposed by Pickard is the pre-therapy "categories of contact reflections" established by Garry Prouty. It is interesting how these categories can be connected with a non-directive perspective and, at the same time, with the improvisational music therapy, as proposed by Pickard. As the author indicates, these techniques allow a non-directive approach and the establishment of a moment-to-moment interaction that makes sense to the client. Pickard constantly compares the categories of contact reflections

with Tony Wigram's therapeutic methods of improvisation. In my practice as an educator at Aalborg University (Denmark), Tony Wigram's methods are the main reference for improvisation courses (for both undergraduate and master's degrees). In this sense, Pickard's model can provide a clear example of how the methods can be adapted to techniques from other disciplines, increasing the direction and specificity of the improvisation interventions.

In general, this chapter written by Beth Pickard influences my practice as an educator especially when I teach in specific training courses on "Music Therapy and Autism". In the last six months, I discussed this chapter with students from Brazil, Denmark, Portugal and Spain. Also, I'm incorporating much information from the chapter in the courses that I teach in the music therapy training programmes (undergraduate and master degree) at Aalborg University. The model is extremely interesting for improvisation classes in music therapy, as it allows an understanding within a non-directive perspective considering specific interventions. Also, the model directly influences my way of teaching within the developmental psychology course, because I can discuss how neurodiversity can be understood within music therapy.

As a researcher in music therapy, this model directly influenced the new multicenter randomized controlled trial that I am organizing at this moment. The model is influencing the design of the different interventions (about the use of improvisational music therapy) and the outcomes (outcomes centred on a non-normative perspective). This research consists of a multicenter study to evaluate the effect of music therapy interventions on social communication of people with ASC in the following countries: Argentina, Brazil, Colombia, Portugal, Spain and Uruguay. As a clinician, the model mainly offers a greater reflection on how to think about the goals of the music therapy process, since the goals must take into account needs that are not related to the "decrease" of the client's "deficits" or "symptoms". I recommend reading this chapter for any music therapist who is interested in

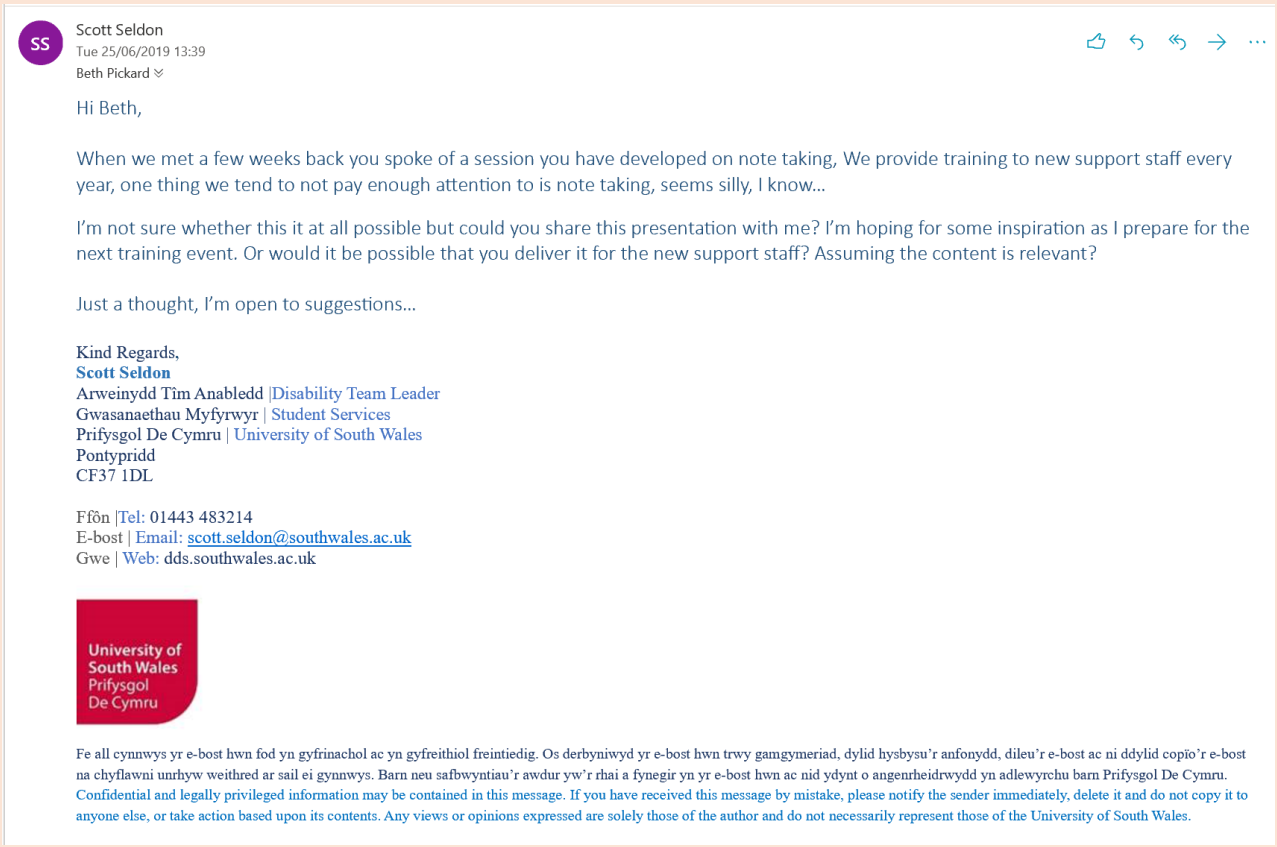
learning more about not only music therapy and autism, but also how to create a model for clinical practice in a clear, profound and direct application.

Sincerely,

Gustavo Schulz Gattino
Ph.D., Assistant professor | Music Therapy Programme
Department of Communication & Psychology | Aalborg Universitet |
Musikkens Hus Plads 1 | 9000 Aalborg
Contact: gattino@hum.aau.dk | ☎ (+45) 93562278

Appendix 27 - Impact statement from Manager of Note Taking Provision at USW, Scott Sneldon (Appendix 16).

Scott shared the impact that understanding my research (Appendix 16) had on him in his role as Manager of Note Taking Provision at USW. This email demonstrates that my research informed the development of the Note Taking Service at USW, and Scott and I have continued to liaise and work together on this since.



SS

Scott Seldon
Tue 25/06/2019 13:39
Beth Pickard

Hi Beth,

When we met a few weeks back you spoke of a session you have developed on note taking, We provide training to new support staff every year, one thing we tend to not pay enough attention to is note taking, seems silly, I know...

I'm not sure whether this it at all possible but could you share this presentation with me? I'm hoping for some inspiration as I prepare for the next training event. Or would it be possible that you deliver it for the new support staff? Assuming the content is relevant?

Just a thought, I'm open to suggestions...

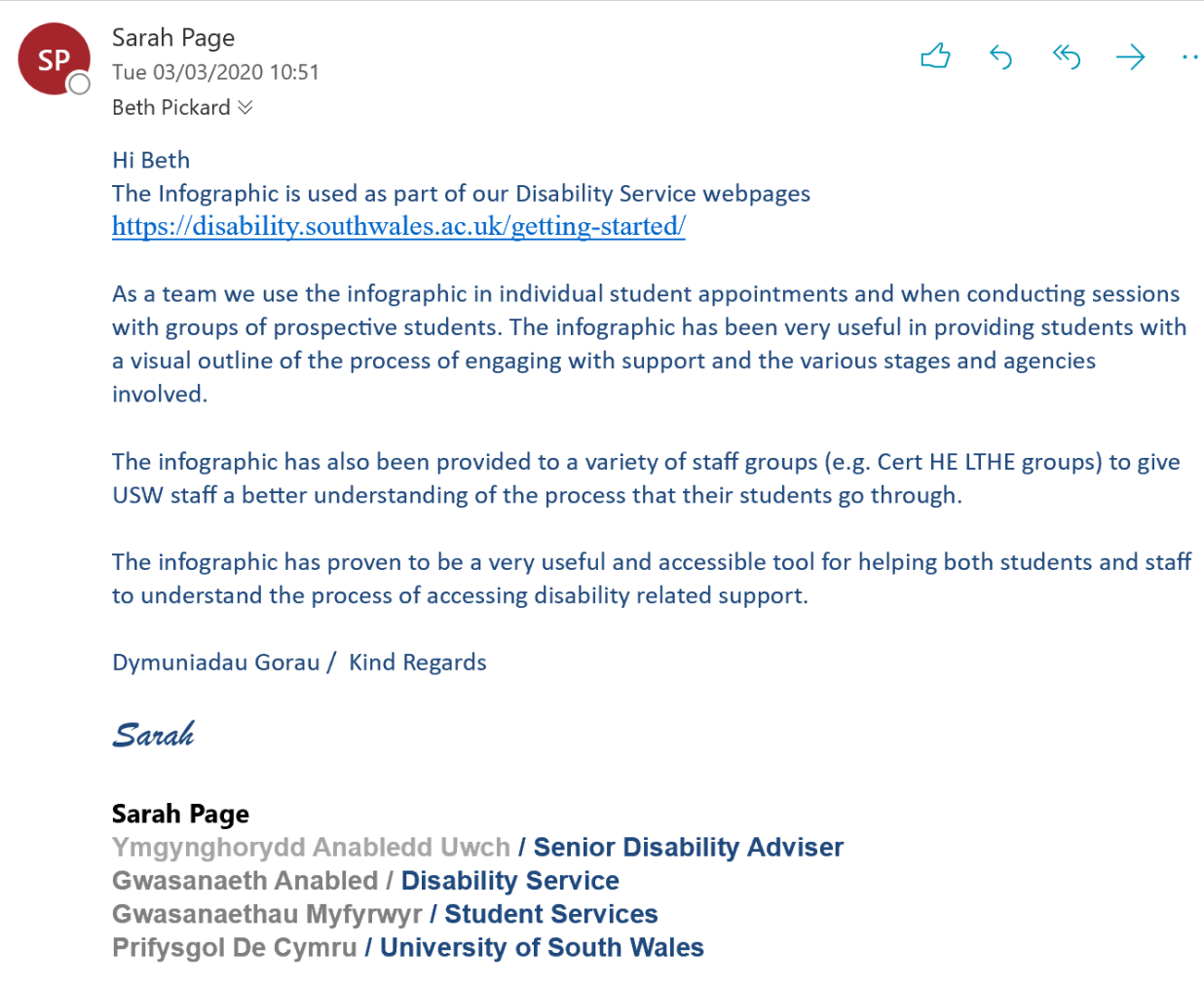
Kind Regards,
Scott Seldon
Arweinydd Tîm Anabledd |Disability Team Leader
Gwasanaethau Myfyrwyr | Student Services
Prifysgol De Cymru | University of South Wales
Pontypridd
CF37 1DL

Ffôn |Tel: 01443 483214
E-bost | Email: scott.seldon@southwales.ac.uk
Gwe | Web: dds.southwales.ac.uk

University of South Wales
Prifysgol De Cymru

Appendix 28 - Impact Statement from USW Senior Disability Adviser, Sarah Page (Appendices 17-18).

In this email, Senior Disability Adviser, Sarah Page, shares the breadth of ways in which the Disability Service Infographic (Appendix 17) is utilised at USW. This includes its positioning on the public facing USW website, use with prospective students, current students and staff.



SP

Sarah Page
Tue 03/03/2020 10:51
Beth Pickard

Hi Beth
The Infographic is used as part of our Disability Service webpages
https://disability.southwales.ac.uk/getting-started/

As a team we use the infographic in individual student appointments and when conducting sessions with groups of prospective students. The infographic has been very useful in providing students with a visual outline of the process of engaging with support and the various stages and agencies involved.

The infographic has also been provided to a variety of staff groups (e.g. Cert HE LTHE groups) to give USW staff a better understanding of the process that their students go through.

The infographic has proven to be a very useful and accessible tool for helping both students and staff to understand the process of accessing disability related support.

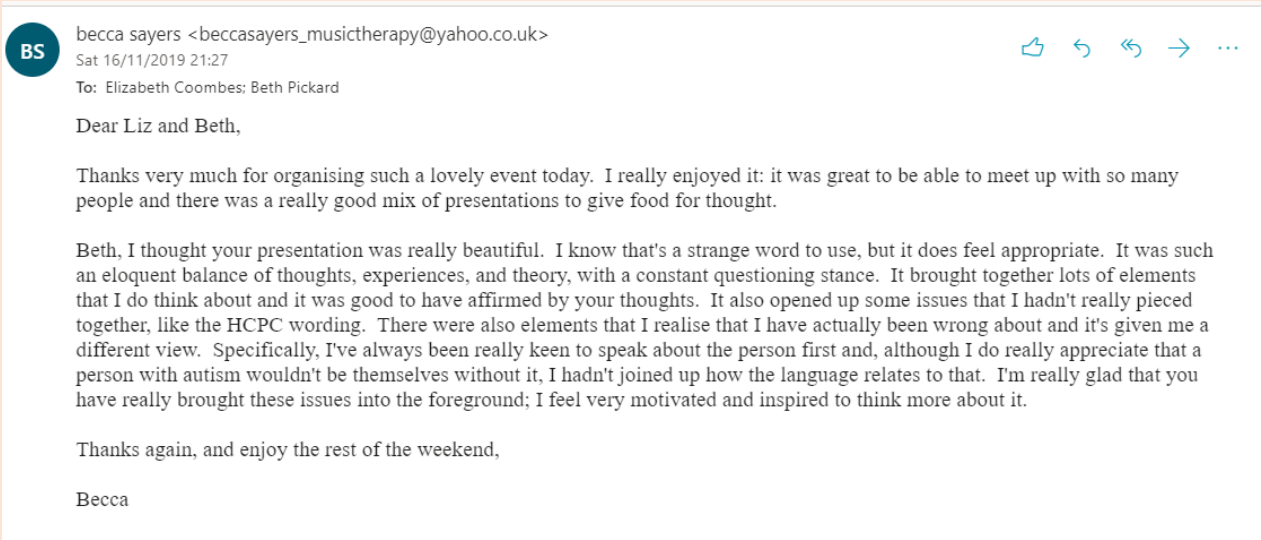
Dymuniadau Gorau / Kind Regards

Sarah

Sarah Page
Ymgynghorydd Anabledd Uwch / **Senior Disability Adviser**
Gwasanaeth Anabled / **Disability Service**
Gwasanaethau Myfyrwyr / **Student Services**
Prifysgol De Cymru / **University of South Wales**

Appendix 29 - Evidence of Impact of Conference Presentation at USW Music Therapy and Autism Conference (see Full List of Publications in Appendix 4).

Becca Sayers is a highly experienced music therapist with over 16 years of clinical experience. Following engagement with my research, Becca suggests that she was both challenged to bring to her practical consciousness issues she hadn't considered before, as well as challenging her existing stance on some matters. This illustrates that the presentation had the desired impact of raising consciousness and promoting a shared responsibility for inclusive approaches to practice.



BS

becca sayers <beccasayers_musictherapy@yahoo.co.uk>
Sat 16/11/2019 21:27
To: Elizabeth Coombes; Beth Pickard

Dear Liz and Beth,

Thanks very much for organising such a lovely event today. I really enjoyed it: it was great to be able to meet up with so many people and there was a really good mix of presentations to give food for thought.

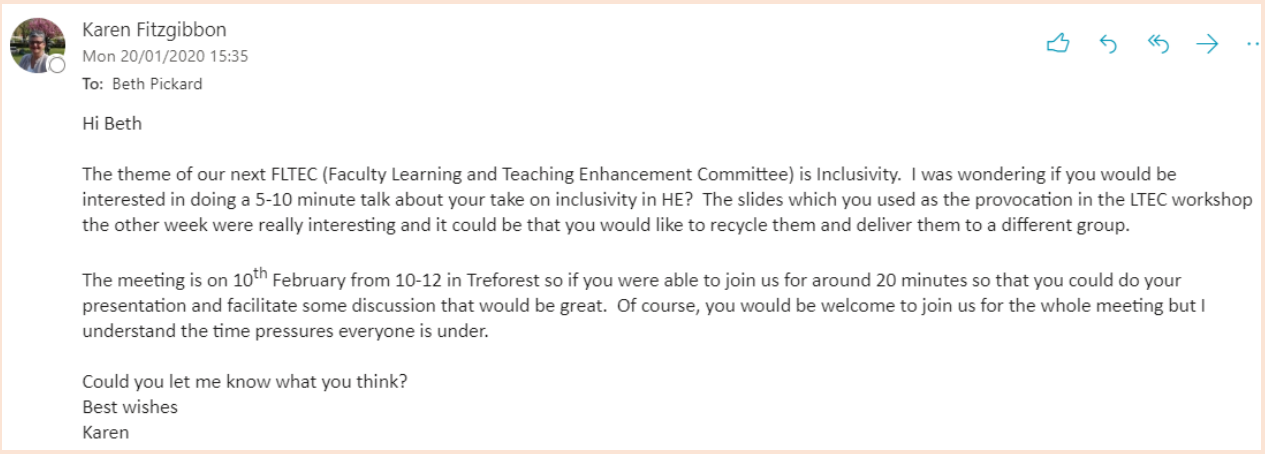
Beth, I thought your presentation was really beautiful. I know that's a strange word to use, but it does feel appropriate. It was such an eloquent balance of thoughts, experiences, and theory, with a constant questioning stance. It brought together lots of elements that I do think about and it was good to have affirmed by your thoughts. It also opened up some issues that I hadn't really pieced together, like the HCPC wording. There were also elements that I realise that I have actually been wrong about and it's given me a different view. Specifically, I've always been really keen to speak about the person first and, although I do really appreciate that a person with autism wouldn't be themselves without it, I hadn't joined up how the language relates to that. I'm really glad that you have really brought these issues into the foreground; I feel very motivated and inspired to think more about it.

Thanks again, and enjoy the rest of the weekend,

Becca

Appendix 30 - Evidence of Impact of USW LTEC Provocation (Appendix 21).

These emails from Faculty of Business and Society (FBS) Head of Learning, Teaching and Student Experience (HoLTSE), Karen Fitzgibbon, and Faculty of Computers, Engineering and Science HoLTSE, Rhian Kerton, demonstrate the impact of the provocation delivered to the university level Learning and Teaching Enhancement Committee (LTEC), since both HoLTSEs request the presentation to be adapted to be delivered at faculty level (Appendix 22).



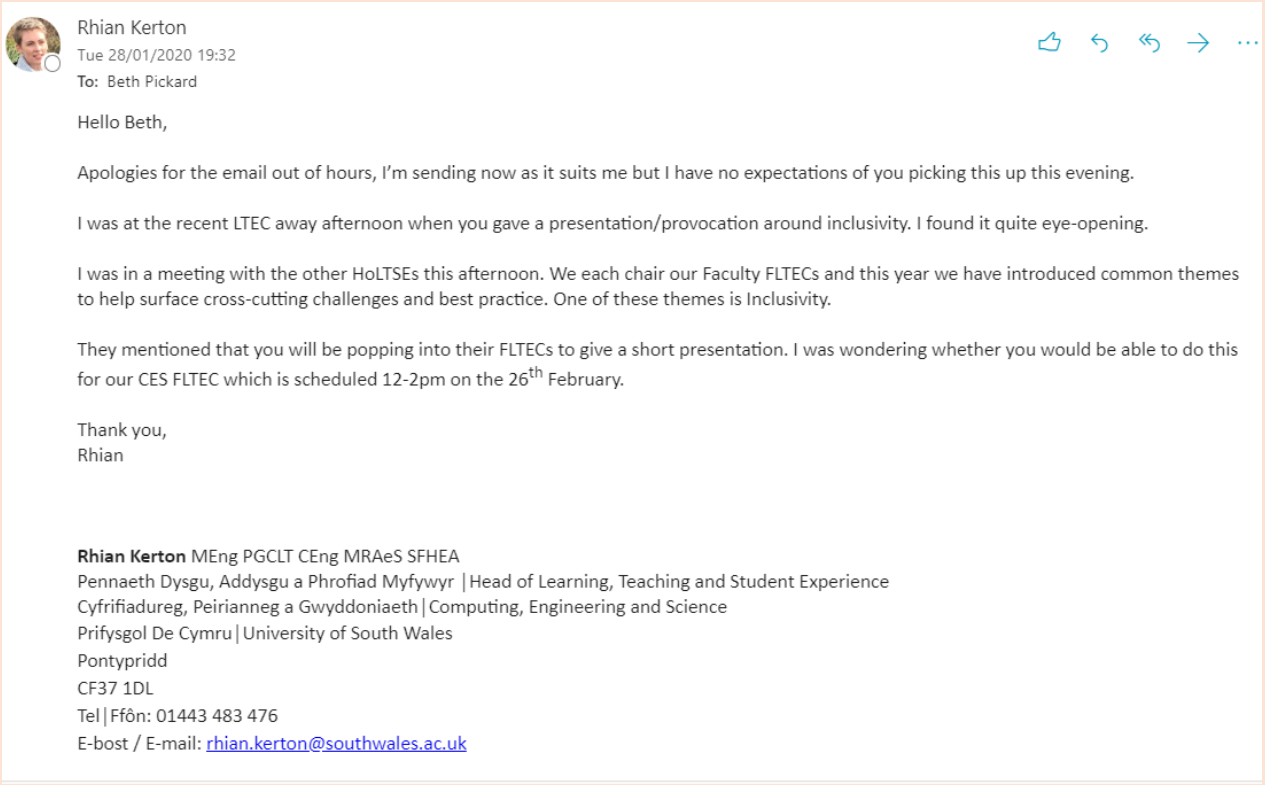
Karen Fitzgibbon
Mon 20/01/2020 15:35
To: Beth Pickard

Hi Beth

The theme of our next FLTEC (Faculty Learning and Teaching Enhancement Committee) is Inclusivity. I was wondering if you would be interested in doing a 5-10 minute talk about your take on inclusivity in HE? The slides which you used as the provocation in the LTEC workshop the other week were really interesting and it could be that you would like to recycle them and deliver them to a different group.

The meeting is on 10th February from 10-12 in Treforest so if you were able to join us for around 20 minutes so that you could do your presentation and facilitate some discussion that would be great. Of course, you would be welcome to join us for the whole meeting but I understand the time pressures everyone is under.

Could you let me know what you think?
Best wishes
Karen



Rhian Kerton
Tue 28/01/2020 19:32
To: Beth Pickard

Hello Beth,

Apologies for the email out of hours, I'm sending now as it suits me but I have no expectations of you picking this up this evening.

I was at the recent LTEC away afternoon when you gave a presentation/provocation around inclusivity. I found it quite eye-opening.

I was in a meeting with the other HoLTSEs this afternoon. We each chair our Faculty FLTECs and this year we have introduced common themes to help surface cross-cutting challenges and best practice. One of these themes is Inclusivity.

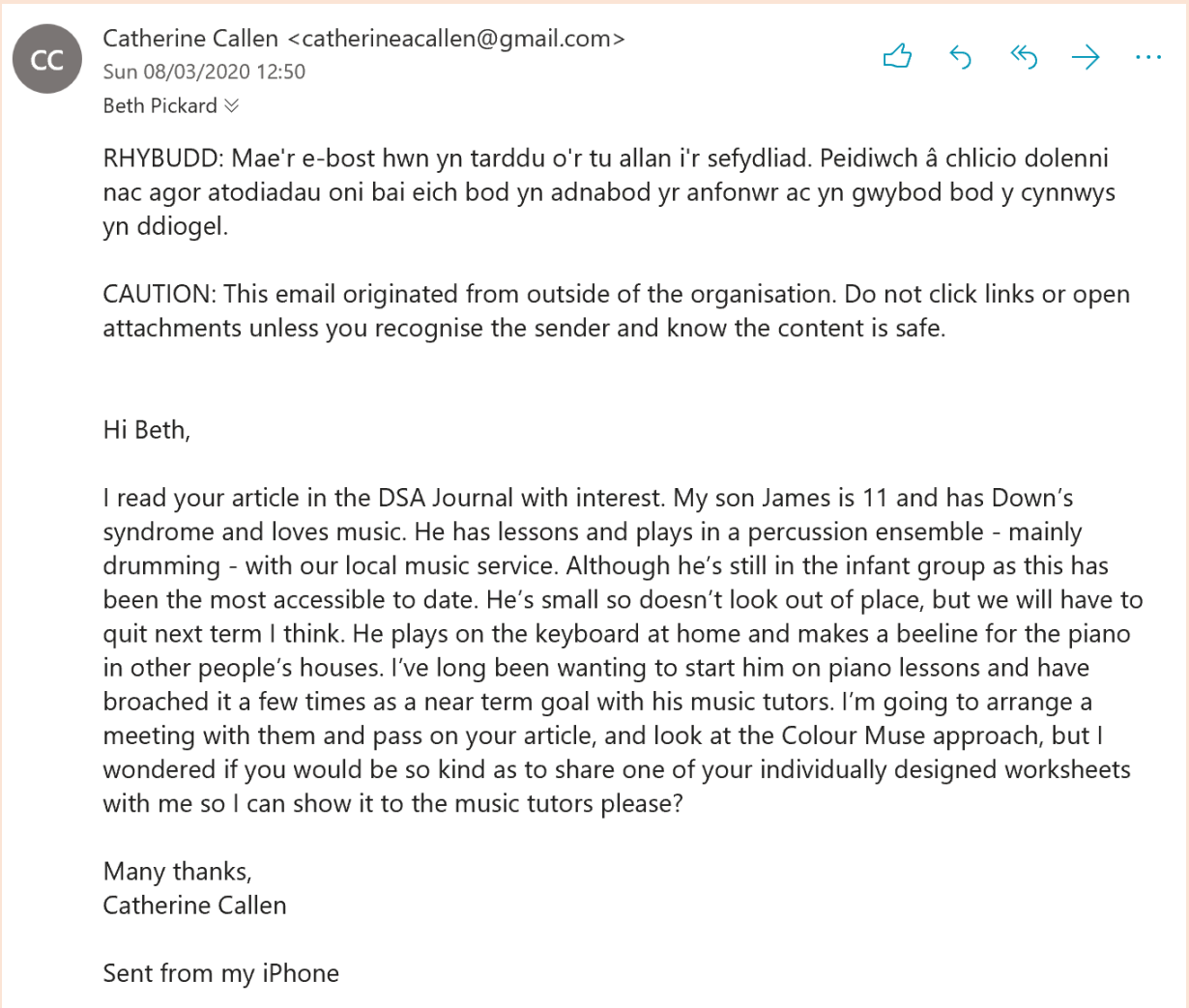
They mentioned that you will be popping into their FLTECs to give a short presentation. I was wondering whether you would be able to do this for our CES FLTEC which is scheduled 12-2pm on the 26th February.

Thank you,
Rhian

Rhian Kerton MEng PGCLT CEng MRAeS SFHEA
Pennaeth Dysgu, Addysgu a Phrofiad Myfywyr | Head of Learning, Teaching and Student Experience
Cyfrifiadureg, Peirianneg a Gwyddoniaeth | Computing, Engineering and Science
Prifysgol De Cymru | University of South Wales
Pontypridd
CF37 1DL
Tel | Ffôn: 01443 483 476
E-bost / E-mail: rhian.kerton@southwales.ac.uk

Appendix 31 - Evidence of Impact of Journal Article About Instrumental Tuition for Learners with Down's Syndrome (Appendix 5) – Parent Perspectives.

The first impact statement is provided by Catherine Callen who is a parent of an 11-year-old boy, James, who has Down's syndrome. Following engagement with my research article (Appendix 5), Mrs. Callen suggests that she will share my article with James' tutors at the local music service to advocate for the evidence-based approaches discussed.



CC

Catherine Callen <catherineacallen@gmail.com>
Sun 08/03/2020 12:50
Beth Pickard

RHYBUDD: Mae'r e-bost hwn yn tarddu o'r tu allan i'r sefydliad. Peidiwch â chlicio dolenni nac agor atodiadau oni bai eich bod yn adnabod yr anfonwr ac yn gwybod bod y cynnwys yn ddiogel.

CAUTION: This email originated from outside of the organisation. Do not click links or open attachments unless you recognise the sender and know the content is safe.

Hi Beth,

I read your article in the DSA Journal with interest. My son James is 11 and has Down's syndrome and loves music. He has lessons and plays in a percussion ensemble - mainly drumming - with our local music service. Although he's still in the infant group as this has been the most accessible to date. He's small so doesn't look out of place, but we will have to quit next term I think. He plays on the keyboard at home and makes a beeline for the piano in other people's houses. I've long been wanting to start him on piano lessons and have broached it a few times as a near term goal with his music tutors. I'm going to arrange a meeting with them and pass on your article, and look at the Colour Muse approach, but I wondered if you would be so kind as to share one of your individually designed worksheets with me so I can show it to the music tutors please?

Many thanks,
Catherine Callen

Sent from my iPhone

Appendix 32 - Evidence of Impact of Journal Article About Instrumental Tuition for Learners with Down's Syndrome (Appendix 5) – Professional Perspectives.

Rosie Rushton is a Trustee of Melody, a charity promoting access to musical tuition for people with learning disabilities, of which I am also a Trustee. Rosie also co-directs Melody Music Birmingham (MMB) which is a weekly inclusive music provision for children and adults with learning disabilities in Birmingham. In this email, Rosie suggests that she will share my research with her MMB tutors who are students at Royal Birmingham Conservatoire, to inform their engagement with musicians with Down's Syndrome at MMB.

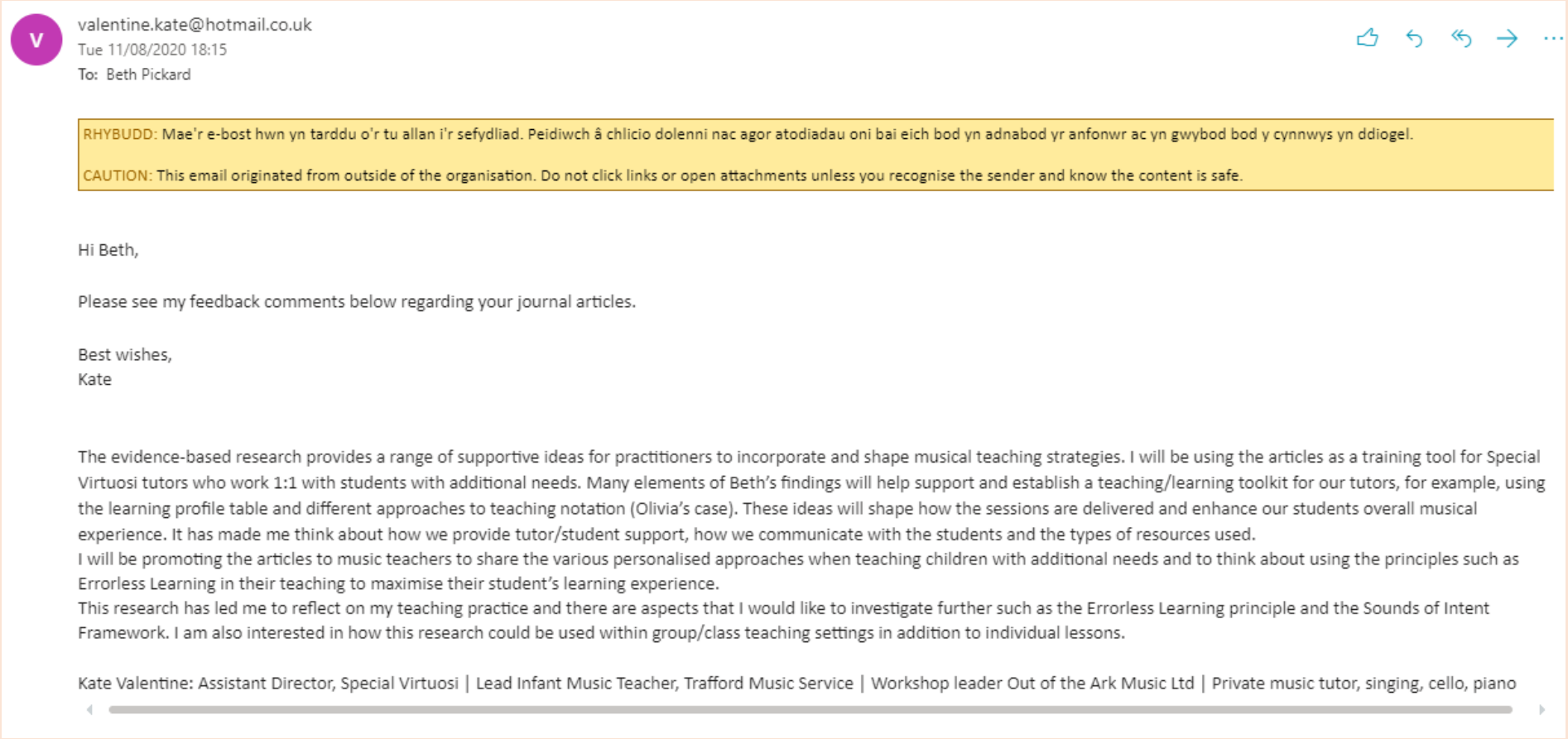
From: Rosie Rushton <rosierushton1510@gmail.com>
Sent: Tuesday, March 10, 2020 5:02:34 PM
To: Beth Pickard <bethpickardflute@live.co.uk>
Subject: Re: Articles Referencing Melody

Hello Beth,

Thanks for sending these over, they look great! Do you mind if I forward the DSA article to our Melody tutors, I think it could be a valuable resource for them? Let me know what you think,

Rosie :)

Kate Valentine leads Special Virtuosi (SV) at the Royal Northern College of Music, which is an equivalent provision to Melody. Kate is also James Callen's music teacher. I sent Kate my article (Appendix 5) to see if it were of interest and relevance to her practice.



valentine.kate@hotmail.co.uk
Tue 11/08/2020 18:15
To: Beth Pickard

RHYBUDD: Mae'r e-bost hwn yn tarddu o'r tu allan i'r sefydliad. Peidiwch â chlicio dolenni nac agor atodiadau oni bai eich bod yn adnabod yr anfonwr ac yn gwybod bod y cynnwys yn ddiogel.

CAUTION: This email originated from outside of the organisation. Do not click links or open attachments unless you recognise the sender and know the content is safe.

Hi Beth,

Please see my feedback comments below regarding your journal articles.

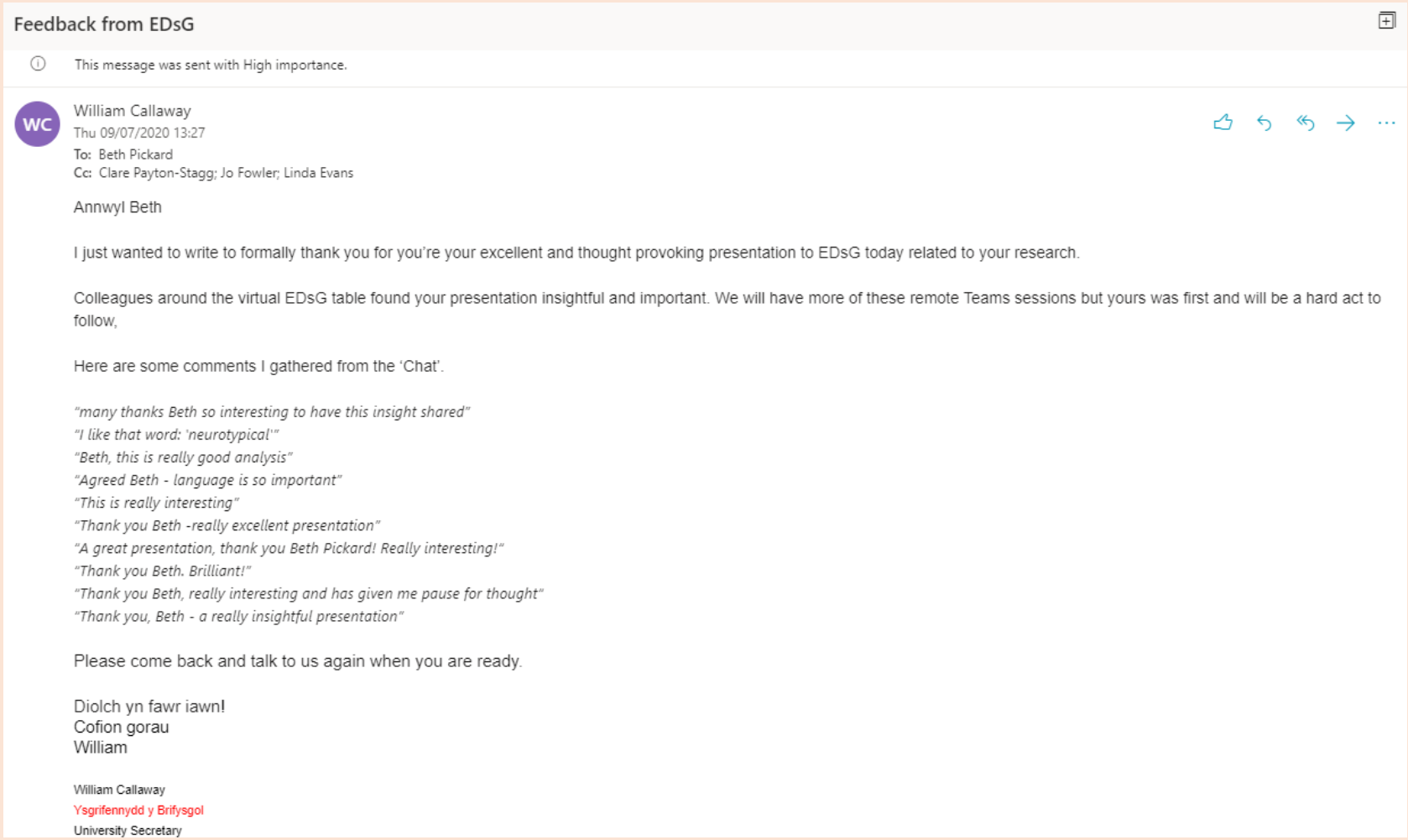
Best wishes,
Kate

The evidence-based research provides a range of supportive ideas for practitioners to incorporate and shape musical teaching strategies. I will be using the articles as a training tool for Special Virtuosi tutors who work 1:1 with students with additional needs. Many elements of Beth's findings will help support and establish a teaching/learning toolkit for our tutors, for example, using the learning profile table and different approaches to teaching notation (Olivia's case). These ideas will shape how the sessions are delivered and enhance our students overall musical experience. It has made me think about how we provide tutor/student support, how we communicate with the students and the types of resources used.
I will be promoting the articles to music teachers to share the various personalised approaches when teaching children with additional needs and to think about using the principles such as Errorless Learning in their teaching to maximise their student's learning experience.
This research has led me to reflect on my teaching practice and there are aspects that I would like to investigate further such as the Errorless Learning principle and the Sounds of Intent Framework. I am also interested in how this research could be used within group/class teaching settings in addition to individual lessons.

Kate Valentine: Assistant Director, Special Virtuosi | Lead Infant Music Teacher, Trafford Music Service | Workshop leader Out of the Ark Music Ltd | Private music tutor, singing, cello, piano

Appendix 33 - Evidence of Impact of Presentation of Appendix 19 to USW Equality and Diversity Steering Group

Following presentation of research findings from Appendices 19 and 20 to the USW Equality and Diversity Steering Group, Clare Payton-Stagg (USW Equality and Diversity Manager) and William Callaway (University Secretary) sent the following messages.



Feedback from EDsG

This message was sent with High importance.

WC

William Callaway
Thu 09/07/2020 13:27
To: Beth Pickard
Cc: Clare Payton-Stagg; Jo Fowler; Linda Evans

Annwyl Beth

I just wanted to write to formally thank you for you're your excellent and thought provoking presentation to EDsG today related to your research.

Colleagues around the virtual EDsG table found your presentation insightful and important. We will have more of these remote Teams sessions but yours was first and will be a hard act to follow,

Here are some comments I gathered from the 'Chat'.

"many thanks Beth so interesting to have this insight shared"
"I like that word: 'neurotypical'"
"Beth, this is really good analysis"
"Agreed Beth - language is so important"
"This is really interesting"
"Thank you Beth -really excellent presentation"
"A great presentation, thank you Beth Pickard! Really interesting!"
"Thank you Beth. Brilliant!"
"Thank you Beth, really interesting and has given me pause for thought"
"Thank you, Beth - a really insightful presentation"

Please come back and talk to us again when you are ready.

Diolch yn fawr iawn!
Cofion gorau
William

William Callaway
Ysgrifennydd y Brifysgol
University Secretary

THANK YOU!!!

Clare Payton-Stagg
Thu 09/07/2020 12:38
To: Beth Pickard
Cc: William Callaway

Hi Beth

We just wanted to say a big **thank you** for what was an informative, insightful and eye opening session today. Your research is so relevant to all of us in how we think about 'disability' and how we portray disability in terms of imagery, terminology and the way we frame our communications around deficit and the medical model. Your session was not only an informative challenge to us but also practical in showing us how we could make changes that could impact upon student recruitment and our student experience. So thank you and we hope, as William said in the meeting, to continue working with you and many colleagues in the group I'm sure will be getting in contact to continue the dialogue too.

Would you give me permission for the recording to be shared with other colleagues?

Thanks again,
Clare

Clare Payton-Stagg
Rheolwr Amrywiaeth, Cydraddoldeb a Chynhwysiant | Equality, Diversity & Inclusion Manager
Adnoddau Dynol | Human Resources
Prifysgol De Cymru | University of South Wales
Pontypridd
CF37 1DL
Ffôn | Tel: 01443 482 403 @USWEquality
www.decymru.ac.uk | www.southwales.ac.uk

Noder os gwelwch yn dda: fy rhagenwau dewisol yw hi, hithau ac ei.
Please note: my preferred pronouns are she/her/hers

Appendix 34 – Evidence of Impact in Challenging USW Graduate School's Existing Regulations

In the process of formatting my thesis for submission, I was surprised to note that the USW Graduate Schools regulations require submission on white paper and had no mention or discussion of access considerations (of author, examiner, or wider readership). As such I submitted the following statement to the Research Degree Committee and received the response below. It is anticipated that I will work with the Graduate School following completion of my thesis to engage with consciousness raising activities and to share insight into accessibility of documentation and practices. I hope to explore some post-doctoral funding opportunities to enable me to explore this work further.

Beth Pickard
Tue 23/06/2020 10:00
To: Elaine Huntley; Llinos Spargo
Cc: Sally Davies

British Dyslexia Assocation (2...
185 KB

Hi Elaine,

I would appreciate it very much if it were possible to raise this. I include some brief context below.

The USW Code of Practice requests submission of theses on white paper. My supervisor has suggested that I should also amend the background colour of my digital submission to white, to comply with this requirement. I am interested to understand the rationale for this requirement. The British Dyslexia Assocation (2018) Style Guide (attached) suggests that best practice for accessibility is: "Use dark coloured text on a light (not white) background." In light of this, I wonder whether either there is scope to adopt guidelines which are advocated for those with specific needs, and are arguably no detriment to those without such needs (or rights), as standard. Or, whether the USW guidelines could be revised to suggest that decisions should be made in consultation between author and examiner, in relation to their access needs and learning preferences. One of my options for PhD examiner was an academic from Liverpool Hope who has a visual impairment. I have therefore ensured that my thesis is accessible through a screen reader, and wonder whether other researchers are aware of such accessibility considerations. I was surprised not to see mention of other accessibility considerations in the formatting guidelines, such as including alternative text for images and using headers to enable screen readers to navigate sections. There are accessible guidelines on such matters for all Microsoft programmes (such as this one for Word: https://support.microsoft.com/en-us/office/make-your-word-documents-accessible-to-people-with-disabilities-d9bf3683-87ac-47ea-b91a-78dcacb3c66d) which could be readily linked to. I also wonder with the advent of the Public Sector Bodies Accessibility Regulations (PSBAR), researchers should become more aware of their responsibility to create accessible resources. I also note that submission is requested via a single PDF, however PDFs are not innately accessible documents and by transferring to PDF, much of the in-built accessibility features of Word are lost. Word has many more accessibility features and would ensure the submission were accessible to a wider audience. I wonder whether there could be scope for both submission types. My research centres around the arguably ableist tendencies of the institution which privilege the norms of the dominant, non-disabled majority. However, I would argue that adopting some of these principles as best practice in the formatting guidelines would be a minimum amount of work for staff and researchers, good professional development to raise awareness of such matters, and an opportunity for USW to promote accessibility across its research portfolio, challenging the ableist traditions of the sector.

I would be very happy to discuss these ideas further if appropriate.

Thank you for taking the time to consider this issue.

Diolch,
Beth

You forwarded this message on Thu 25/06/2020 08:56

EH

Elaine Huntley
Thu 25/06/2020 08:35
To: Beth Pickard; Llinos Spargo
Cc: Sally Davies; Paul Roach

Hi Beth

We had a very interesting discussion at Research Degrees Committee yesterday about your request, and committee members overwhelmingly agreed that we should allow you to submit on a more suitable and accessible background. I think members felt that Equalities legislation would 'trump' anything within our regulations specifying the format and presentation of the submission.

We would like to continue the discussion and wondered if you might consider meeting with someone from Grad School so we can think about how we can build accessibility into our regulations more generally in the future. Obviously it's a busy time at the moment with you submitting and having your viva, and we're not likely to get any regulation changes through for this year, but perhaps after your viva or over the Summer might be a good time. I also wouldn't want to rush anything through but have more thoughtful consideration about the sorts of changes we should be thinking about.

Thanks for bringing this to our attention.

Best wishes

Elaine.

Appendix 35 – Evidence of Impact of Presentation About Appendix 7

See Appendix 4 which shows that Appendix 7 was also shared locally with the British Association of Music Therapy's (BAMT) Autism Network, during a day of presentations focusing on the Neurodiversity Movement. I was privileged to be invited to present alongside autistic music therapist Hilary Davies, and autistic musician and music therapy participant Robbie Ashworth. Following the event, USW music therapy graduate, Sue Roberts, sent the following email.

Saturday's CPD

2

You forwarded this message on Mon 13/07/2020 13:33

SR

Susan Roberts <s.w.roberts@talk21.com>
Mon 13/07/2020 12:44
To: Beth Pickard

RHYBUDD: Mae'r e-bost hwn yn tarddu o'r tu allan i'r sefydliad. Peidiwch â chlicio dolenni nac agor atodiadau oni bai eich bod yn adnabod yr anfonwr ac yn gwybod bod y cynnwys yn ddiogel.

CAUTION: This email originated from outside of the organisation. Do not click links or open attachments unless you recognise the sender and know the content is safe.

Hello Beth,
Just a brief e-mail, (trusting you are still to be found at this e-mail address!) to thank you for your wonderful presentation as part of the Neurodiversity Zoom meeting on Saturday.

It was so thorough, interesting, thought-provoking, engaging .....and really made me think hard about my own practice in schools ...

Staff often remark that it is great having a MT who understands the school system / teaching ..... when I was training I almost came to believe that my teaching background was a big disadvantage. But you have given me an incentive to further explore and deepen my current practice working alongside teachers' own aims and perspectives rather than a silo mentality which could be cosy and more straight-forward but perhaps is not ultimately in the best interest of students in the longer term.

In terms of not what we do but why we do it .... I was so interested to hear presentations at the WCMT over and over talking about a wider arts perspective ... and of course theatre / dance /art is in my teaching background too. When I think of some of the cross-community creative arts projects that we devised and engaged in with students at my sixth-form college ... I wonder if a 97-year old's comment to me a couple of years ago is in fact true... 'Sue, you have been a music therapist all your life, you just didn't realise it'.
What a kind and generous statement from that lady but it draws me back to the notion that the 'why' of what we do is full of therapeutic potential for the good of all participants.

In particular, thank you for the many text references and interesting literature you pointed towards... and thank you for your use of the term 'Personal Positioning' ... which has given me a reason to stop and use C-19 to thinking about where I am up to after 3 years of working as a MT.

It was super to see you presenting 'in person' - thank you VERY much once again for your fresh and engaging presentation and I do hope all is well in South Wales.

Kind regards

Sue

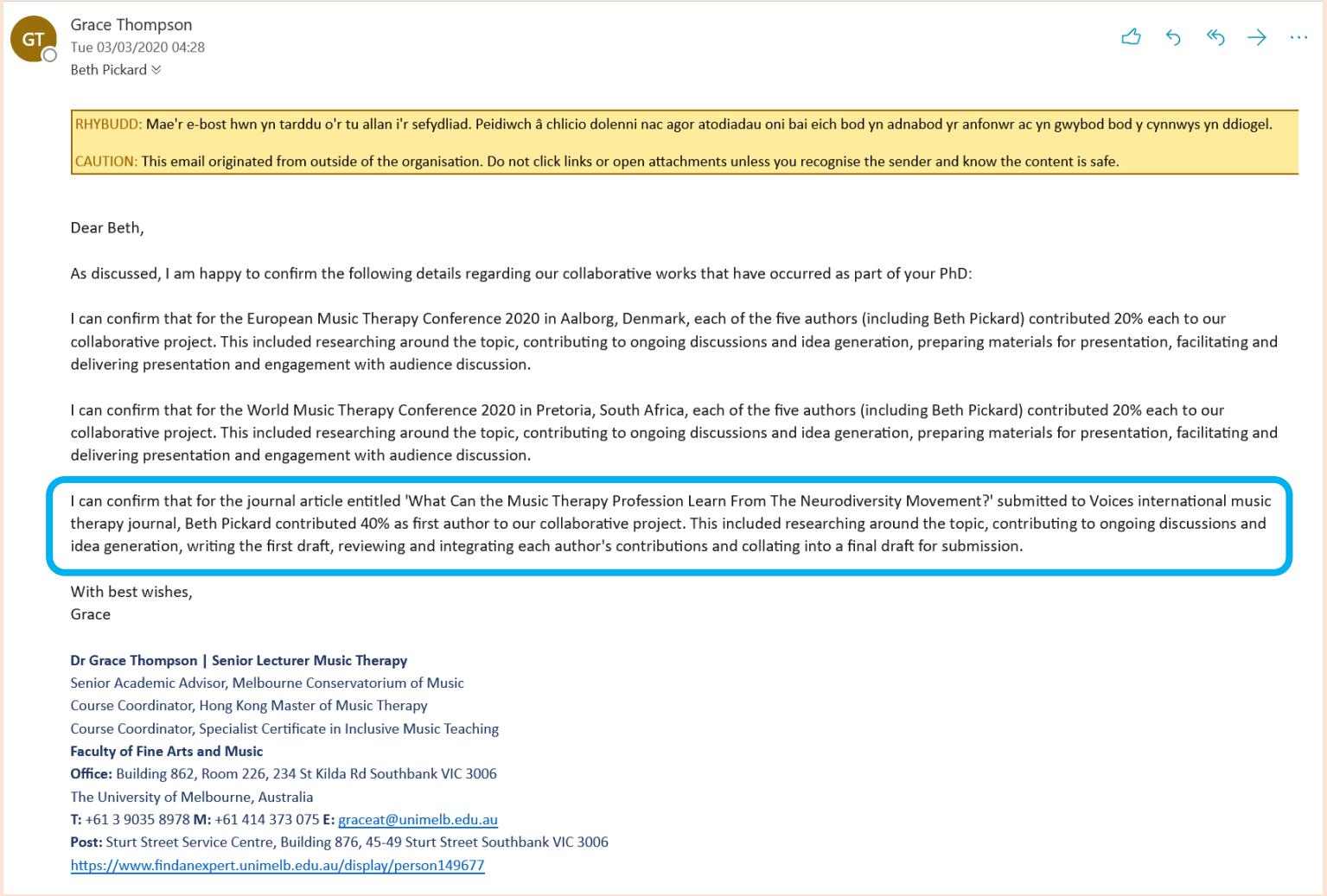
Sue Roberts

Appendix 36-38 - Confirmation of Authorship/Responsibility.

- Appendix 36 - Confirmation of Appendix 7 (Pickard et al., 2020).
- Appendix 37 - Confirmation of Appendix 14 (Pickard and Dower, 2018).
- Appendix 38 - Confirmation of Appendix 17 (Pickard and Norris, 2018).

Appendix 36 - Confirmation of Appendix 7 (Pickard et al., 2020).

Dr. Grace Thompson, University of Melbourne, Australia:



Grace Thompson
Tue 03/03/2020 04:28
Beth Pickard

RHYBUDD: Mae'r e-bost hwn yn tarddu o'r tu allan i'r sefydliad. Peidiwch â chlicio dolenni nac agor atodiadau oni bai eich bod yn adnabod yr anfonwr ac yn gwybod bod y cynnwys yn ddiogel.

CAUTION: This email originated from outside of the organisation. Do not click links or open attachments unless you recognise the sender and know the content is safe.

Dear Beth,

As discussed, I am happy to confirm the following details regarding our collaborative works that have occurred as part of your PhD:

I can confirm that for the European Music Therapy Conference 2020 in Aalborg, Denmark, each of the five authors (including Beth Pickard) contributed 20% each to our collaborative project. This included researching around the topic, contributing to ongoing discussions and idea generation, preparing materials for presentation, facilitating and delivering presentation and engagement with audience discussion.

I can confirm that for the World Music Therapy Conference 2020 in Pretoria, South Africa, each of the five authors (including Beth Pickard) contributed 20% each to our collaborative project. This included researching around the topic, contributing to ongoing discussions and idea generation, preparing materials for presentation, facilitating and delivering presentation and engagement with audience discussion.

I can confirm that for the journal article entitled 'What Can the Music Therapy Profession Learn From The Neurodiversity Movement?' submitted to Voices international music therapy journal, Beth Pickard contributed 40% as first author to our collaborative project. This included researching around the topic, contributing to ongoing discussions and idea generation, writing the first draft, reviewing and integrating each author's contributions and collating into a final draft for submission.

With best wishes,
Grace

Dr Grace Thompson | Senior Lecturer Music Therapy
Senior Academic Advisor, Melbourne Conservatorium of Music
Course Coordinator, Hong Kong Master of Music Therapy
Course Coordinator, Specialist Certificate in Inclusive Music Teaching
Faculty of Fine Arts and Music
Office: Building 862, Room 226, 234 St Kilda Rd Southbank VIC 3006
The University of Melbourne, Australia
T: +61 3 9035 8978 **M:** +61 414 373 075 **E:** graceat@unimelb.edu.au
Post: Sturt Street Service Centre, Building 876, 45-49 Sturt Street Southbank VIC 3006
https://www.findanexpert.unimelb.edu.au/display/person149677

Dr. Efrat Roginsky, University of Haifa, Israel.

Work partnership with Beth Pickard

ER

Efrat Roginsky <roginskyefrat@gmail.com>
Sat 04/04/2020 13:51
Beth Pickard

RHYBUDD: Mae'r e-bost hwn yn tarddu o'r tu allan i'r sefydliad. Peidiwch â chlicio dolenni nac agor atodiadau oni bai eich bod yn adnabod yr anfonwr ac yn gwybod bod y cynnwys yn ddiogel.

CAUTION: This email originated from outside of the organisation. Do not click links or open attachments unless you recognise the sender and know the content is safe.

To whom it may concern,

I can confirm that for the European Music Therapy Conference 2020 in Aalborg, Denmark, each of the five authors (including Beth Pickard) contributed 20% each to our collaborative project. This included researching around the topic, contributing to ongoing discussions and idea generation, preparing materials for presentation, facilitating and delivering presentation and engagement with audience discussion.

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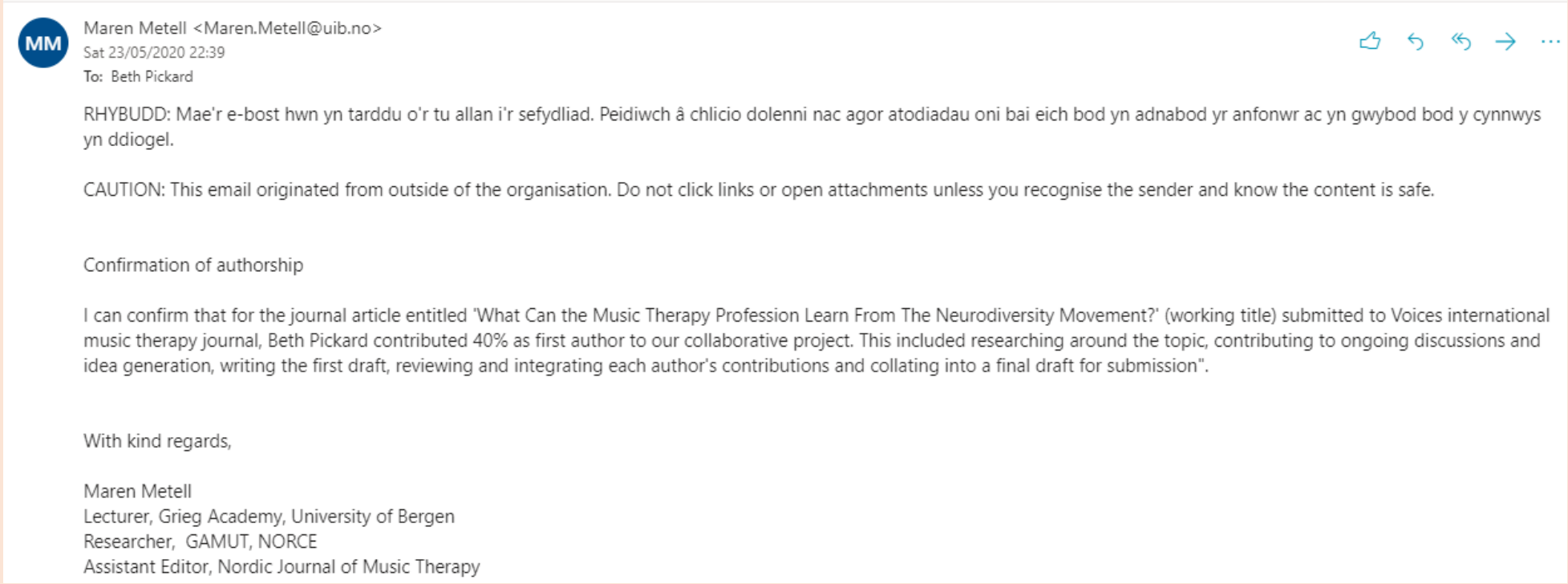
Best regards,
Efrat Roginsky

--
Efrat Roginsky, PhD
Music therapy
Israeli Board of Education
School of Creative Arts Therapies, University of Haifa

Associate Professor Maren Metell, University of Bergen, Norway:



MM

Maren Metell <Maren.Metell@uib.no>
Sat 23/05/2020 22:39
To: Beth Pickard

RHYBUDD: Mae'r e-bost hwn yn tarddu o'r tu allan i'r sefydliad. Peidiwch â chlicio dolenni nac agor atodiadau oni bai eich bod yn adnabod yr anfonwr ac yn gwybod bod y cynnwys yn ddiogel.

CAUTION: This email originated from outside of the organisation. Do not click links or open attachments unless you recognise the sender and know the content is safe.

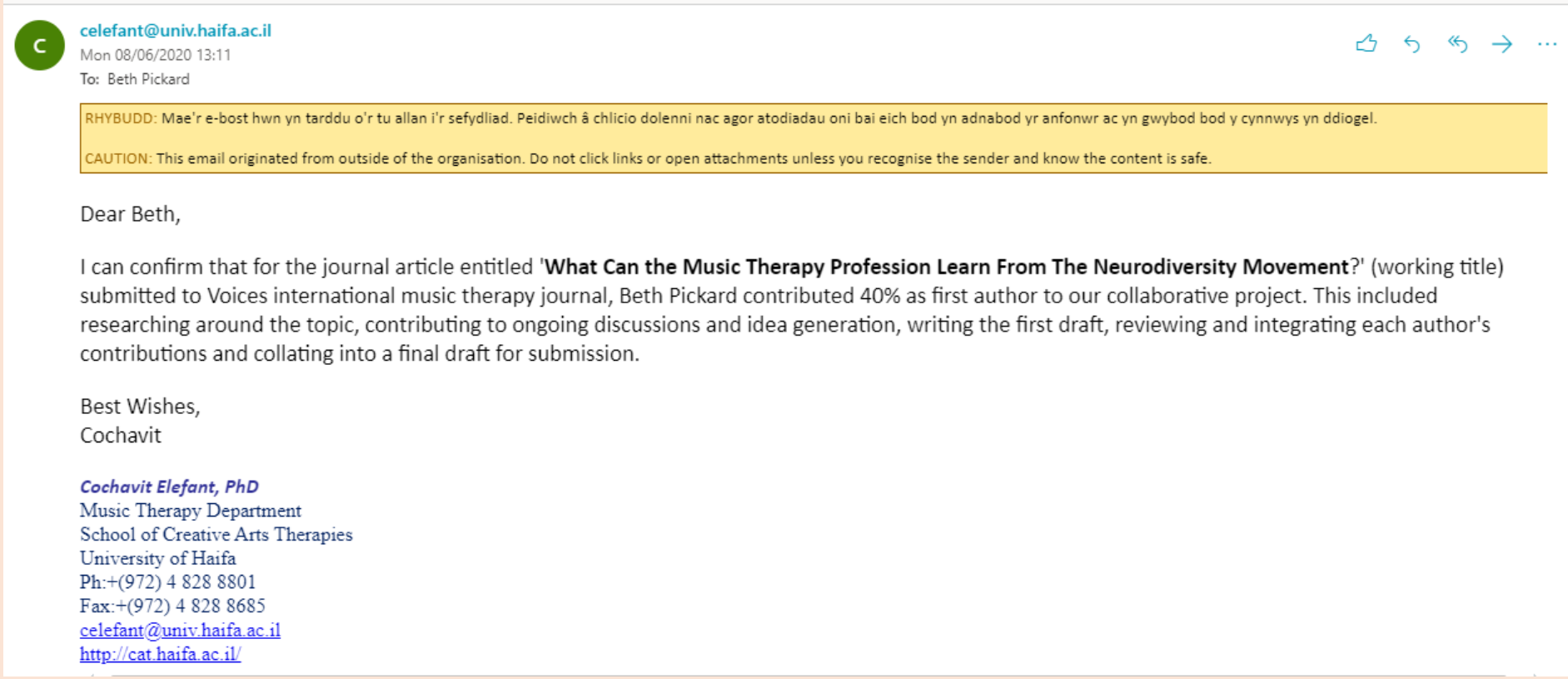
Confirmation of authorship

I can confirm that for the journal article entitled 'What Can the Music Therapy Profession Learn From The Neurodiversity Movement?' (working title) submitted to Voices international music therapy journal, Beth Pickard contributed 40% as first author to our collaborative project. This included researching around the topic, contributing to ongoing discussions and idea generation, writing the first draft, reviewing and integrating each author's contributions and collating into a final draft for submission".

With kind regards,

Maren Metell
Lecturer, Grieg Academy, University of Bergen
Researcher, GAMUT, NORCE
Assistant Editor, Nordic Journal of Music Therapy

Dr. Cochavit Elefant, University of Haifa, Israel



celefant@univ.haifa.ac.il
Mon 08/06/2020 13:11
To: Beth Pickard

RHYBUDD: Mae'r e-bost hwn yn tarddu o'r tu allan i'r sefydliad. Peidiwch â chlicio dolenni nac agor atodiadau oni bai eich bod yn adnabod yr anfonwr ac yn gwybod bod y cynnwys yn ddiogel.

CAUTION: This email originated from outside of the organisation. Do not click links or open attachments unless you recognise the sender and know the content is safe.

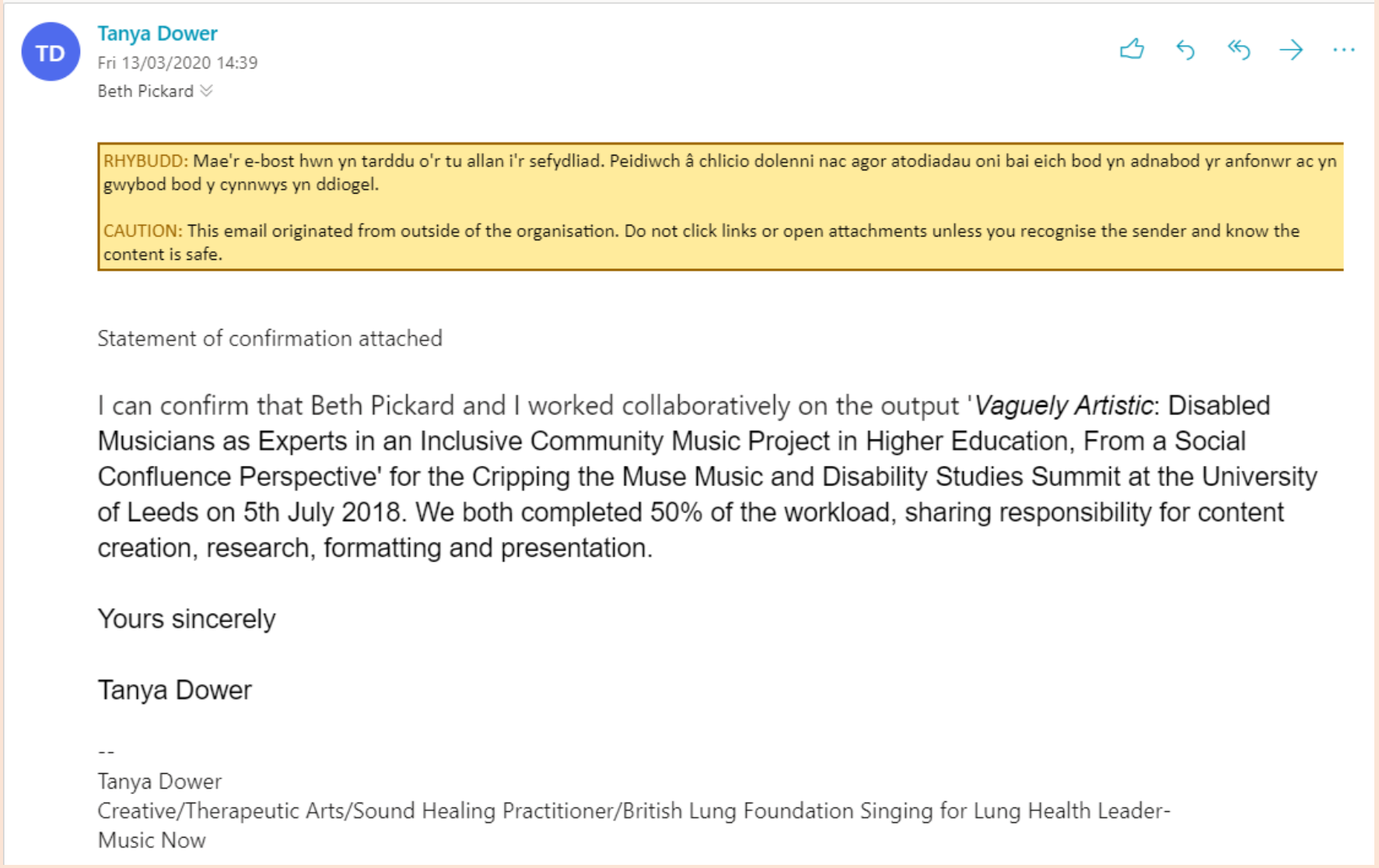
Dear Beth,

I can confirm that for the journal article entitled '**What Can the Music Therapy Profession Learn From The Neurodiversity Movement**?' (working title) submitted to Voices international music therapy journal, Beth Pickard contributed 40% as first author to our collaborative project. This included researching around the topic, contributing to ongoing discussions and idea generation, writing the first draft, reviewing and integrating each author's contributions and collating into a final draft for submission.

Best Wishes,
Cochavit

Cochavit Elefant, PhD
Music Therapy Department
School of Creative Arts Therapies
University of Haifa
Ph:+(972) 4 828 8801
Fax:+(972) 4 828 8685
celefant@univ.haifa.ac.il
http://cat.haifa.ac.il/

Appendix 37 - Confirmation of Appendix 14 (Pickard and Dower, 2018).



TD

Tanya Dower

Fri 13/03/2020 14:39

Beth Pickard

RHYBUDD: Mae'r e-bost hwn yn tarddu o'r tu allan i'r sefydliad. Peidiwch â chlicio dolenni nac agor atodiadau oni bai eich bod yn adnabod yr anfonwr ac yn gwybod bod y cynnwys yn ddiogel.

CAUTION: This email originated from outside of the organisation. Do not click links or open attachments unless you recognise the sender and know the content is safe.

Statement of confirmation attached

I can confirm that Beth Pickard and I worked collaboratively on the output '*Vaguely Artistic*: Disabled Musicians as Experts in an Inclusive Community Music Project in Higher Education, From a Social Confluence Perspective' for the Cripping the Muse Music and Disability Studies Summit at the University of Leeds on 5th July 2018. We both completed 50% of the workload, sharing responsibility for content creation, research, formatting and presentation.

Yours sincerely

Tanya Dower

--

Tanya Dower

Creative/Therapeutic Arts/Sound Healing Practitioner/British Lung Foundation Singing for Lung Health Leader-Music Now

Appendix 38 - Confirmation of Appendix 17 (Pickard and Norris, 2018).

Valerie Norris,

22, Tyn y Cymmer Close,

Porth,

Rhondda,

RCT

CF39 9DE

Dear Sir/Madam,

I am writing this letter to confirm the collaborative work carried out in 2018 between myself and Miss Beth Pickard. At the time I was employed as the Manager of the Disability and Dyslexia Service (DDS) at the University of South Wales.

The collaborative work carried out was in order to provide an Infographic for the DDS, identifying the support available to students at the University alongside the evidence they would require in order to receive their support. The project was a joint contribution with both parties sharing responsibility for the research, content and design. The contribution was also equal with both parties providing 50% of the time and input.

Beth and I also presented the infographic at a University event in June 2018 following which the infographic was provided to all areas within the University and made available on-line.

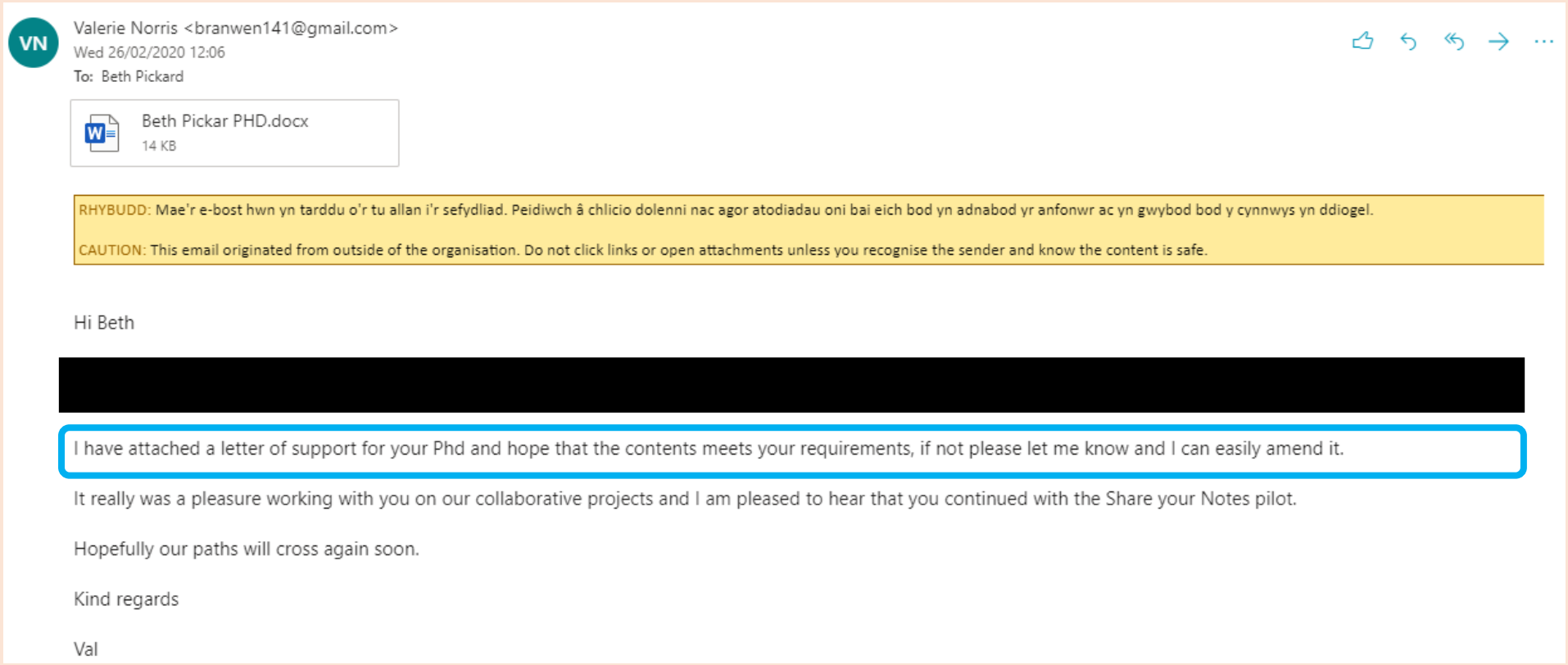
We also began work on another collaborative piece of work entitled ‘Share your Notes scheme’, which unfortunately I was unable to complete, however I am aware that Beth has also completed the pilot project we began.

I hope this letter is satisfactory for Miss Pickard’s PhD portfolio and would like to thank her again for her enthusiastic commitment to our collaborative projects.

Yours sincerely,

Val Norris (Mrs)

branwen141@gmail.com



VN

Valerie Norris <branwen141@gmail.com>
Wed 26/02/2020 12:06
To: Beth Pickard

Beth Pickar PHD.docx
14 KB

RHYBUDD: Mae'r e-bost hwn yn tarddu o'r tu allan i'r sefydliad. Peidiwch â chlicio dolenni nac agor atodiadau oni bai eich bod yn adnabod yr anfonwr ac yn gwybod bod y cynnwys yn ddiogel.

CAUTION: This email originated from outside of the organisation. Do not click links or open attachments unless you recognise the sender and know the content is safe.

Hi Beth

[redacted]

I have attached a letter of support for your Phd and hope that the contents meets your requirements, if not please let me know and I can easily amend it.

It really was a pleasure working with you on our collaborative projects and I am pleased to hear that you continued with the Share your Notes pilot.

Hopefully our paths will cross again soon.

Kind regards

Val

Val Norris no longer works at the university but provided the statement above from her personal email address as confirmation of our collaborative work together.

Appendix 39 – Citations

Author(s)	Reference of Source	Work Cited
Adam Patrick Bell, David Bonin, Helen Petbrick, Amanda Antwi-Nsiah and Brent Matterson	Bell, A. P., Bonin, D., Petbrick, H., Antwi-Nsiah, A. and Matterson, B. (2020), 'Hacking, Disability and Music Education', *International Journal of Music Education*, Online First, DOI: 10.1177/0255761420930428.	Appendix 5
Elizabeth Coombes	Coombes, E. (2020) 'Betwixt and Between: considering liminality and rites de passage in the context of music therapy in a specialist further education college', The Arts in Psychotherapy, Vol 67. Available at: doi.org/10.1016/j.aip.2019.101610	Appendix 6
John Strange	Strange, J. (2020), 'Book Review', British Journal of Music Therapy, Online First, DOI: 10.1177/1359457520907085	Appendix 6
Emma Wheeler	Wheeler, E. (2019), 'Learning About Difference as Participant Observer of Follow the Thread Exhibition' (Conference Presentation), University of Sussex Foundation Network Conference, University of Sussex, July 2019.	Appendix 6

Author(s)	Reference of Source	Work Cited
Jessica Leza	Leza, J. (2020), 'Neuroqueering Music Therapy', In Milton, D. (Ed), The Neurodiversity Reader, Pavilion Publishing and Media, p. 210-225.	Appendix 7 and Thompson et al. (2018) in Appendix 4.
Andy Pitchford, David Owen and Ed Stevens	Pitchford, A., Owen, D. and Stevens, E. (2020), A Handbook of Authentic Learning in Higher Education, Abingdon: Taylor & Francis.	Appendix 12
Sanna Kivijärvi and Pauli Rautiainen	Kivijärvi, S. and Rautiainen, P. (2020), 'Contesting music education policies through the concept of reasonable accommodation: Teacher autonomy and equity enactment in Finnish music education', *Research Studies in Music Education,* Online First: DOI: 10.1177/1321103X20924142.	Appendix 5
Ula Holck	Holck, U. (2020), 'Book Review: Music Therapy and Autism Across the Lifespan: A Spectrum of Approaches', *Nordic Journal of Music Therapy,* 29(3), p. 292-293.	Appendix 6

Appendix 40 - Outcome and Panel Feedback from Validation Event, Highlighting Examples of Good Practice.

FACULTY OF LIFE SCIENCES AND EDUCATION

FACULTY QUALITY ASSURANCE COMMITTEE

A REPORT OF A MEETING TO CONSIDER THE REVALIDATION OF

BA Creative and Therapeutic Arts

Held at 09:30am Tuesday 27th February 2018 at Treforest Campus Room H205

PANEL

From the University:

- Mark Davies, Academic Manager Innovation and Technology, Faculty of Life Sciences and Education (Chair).
- Cheryl Phillips, Senior Lecturer, Faculty of Life Sciences and Education (Internal Panellist).
- Gerwyn Henderson, Academic Manager for Social Services, Faculty of Business and Society (Internal Panellist).
- Rachael Farmer, Principal Quality Officer, Quality Assurance and Enhancement, Academic Registry (Reporting Executive).
- Ali Alkhubouli, MSc Safety, Health and Environmental Management, Year 1 (Student Representative).
- Ayesha Robinson, BSc Natural History, Year 1 (Student Representative).

External Members:

- Marcia Ley, Senior Lecturer in Fine Art and Participatory Arts, University of Sunderland.

1 PURPOSE OF THE MEETING

The purpose of the meeting was to consider the review and revalidation of BA Creative and Therapeutic Arts.

2 CONCLUSION

The conclusion of the Panel was to recommend to the Faculty Quality Assurance Committee that the validation of the courses be approved for six years from September 2018, subject to the following conditions and recommendations:

2.1 Conditions:

C1: The Course Team to update the validation documentation to correct all typographical errors and inconsistencies in light of the discussions of the day. In particular, to:

- Remove the reference to the Learning and Teaching Strategy 2013-17 within the critical review and replace with the Student Experience Plan;
- Include further information on the induction process within Section J of the course specification;
- Include GCSE requirements within Section K Entry Requirements of the course specification;
- Provide further details of enhanced DBS requirements within Section K of the course specification, to confirm that students must be checked against adult and child lists;
- Amend the assessment requirements within the Art (3) module specification, to remove the formative assessment;
- Review the assessment descriptions within module specifications to ensure the ability to critically reflect is made explicit;
- Include the revised assessments within the module specification for Creativity and Wellbeing: Evidence Based Practice, which was circulated to the panel on the day;
- Include examples of marking matrices for different modes of assessment within an appendix to the revalidation document;
- Include further information regarding the trip to Pembrokeshire;

- Identify which modules at Level 4 and Level 6 will include immersive learning periods, culminating in a summative assessment within the first six weeks;
- Review the learning outcomes within the Professional Practice (2) module specification, to ensure they are broadly comparable with the employability learning outcomes outlined in the Academic Blueprint.

The response to the conditions should be submitted to the Reporting Executive no later than the 30th March 2018.

Recommendations:

R1. The Course Team to consider establishing an organisation within Blackboard for frequently asked questions, to enable students to see questions which have previously been answered by the Course Team.

R2. The Course Team to explore further opportunities for student cohorts to share their experiences.

R3. The Course Team to explore opportunities for utilising workshops for specific art-based activities.

R4. The Course Team to establish some guidance (eg. a handbook) for students and mentors to clarify the expectations for each party.

R5. The Course Team to ensure that additional materials costs associated with placements are clearly and transparently articulated within all associated documentation.

Good Practice:

GP1: The Panel commended the Course Team on preparing students with the resourcefulness and adaptability to create artefacts with little or no cost.

GP2: The Panel commended the Course Team on the integration of the spiral curriculum approach, which is clearly articulated within the documentation.

GP3: The Panel commended the members of the Course Team on their commitment to establishing a community of practice and their focus on student engagement and experience.

oooOOOooo

Appendix 41 – Description of the Figure Illustrating the Visual Journey Through the Thesis.

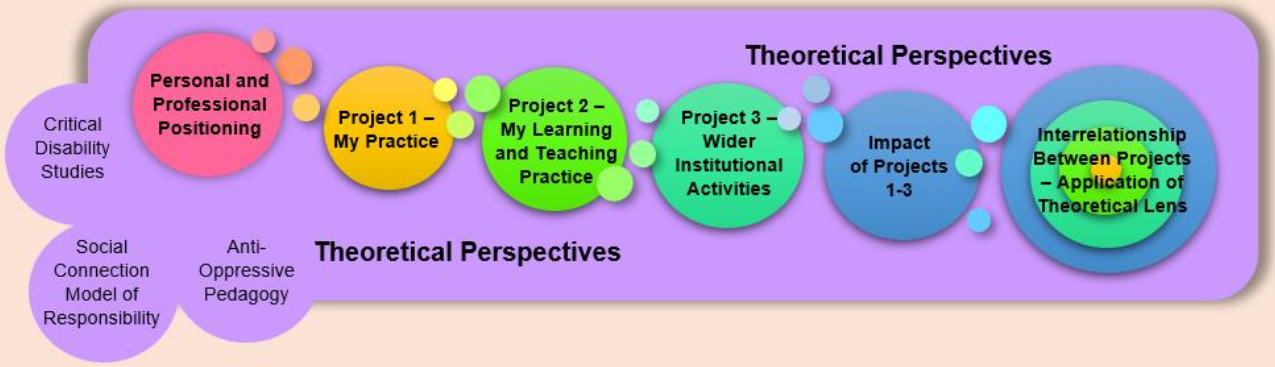


Figure 21 – The Journey Through the Thesis, Description of this Visual Figure.

This figure is included throughout the thesis to illustrate the visual journey through the research process and through the critical overview that the thesis presents. It is described here in words for readers who may be engaging via a screen reader or who cannot access this visual information readily.

The figure is made up of a number of different shapes of different colours. The background shape is a lilac rectangle, with rounded edges which represents, and is labelled: ‘Theoretical Perspectives’. At the bottom left hand corner of the rectangle are three lilac bubbles embedded within the shape. They are labelled ‘Critical Disability Studies’, ‘Social Connection Model of Responsibility’ and ‘Anti-Oppressive Pedagogy’. This shape was chosen to illustrate that these theoretical perspectives are the backdrop against which the research journey occurred, and that they are intertwined in each of the projects. The three bubbles mentioned are intended to represent the most prominent among many theoretical perspectives which influenced the work. Since these bubbles are at the bottom left of the image, they appear to occur at the beginning of the journey, and this relates to how they are presented at the outset of this piece of writing.

On top of this lilac rectangle are a series of different colour circles. The furthest circle to the left is a deep pink in colour, and is labelled ‘Personal and Professional Positioning’. This is the furthest circle to the left, just above the theoretical perspective bubbles, which again denotes that this topic is discussed at the outset of

the journey through this critical overview, in Chapter 1.1. Between each coloured circle and the next are a series of smaller bubbles, shifting in colour between the main circles. These are intended to demonstrate that there were a number of other interrelated projects happening concurrently, but that those discussed are merely a selection amongst the whole.

The next circle is a yellow one labelled ‘Project 1 – My Practice’. This circle is the same circle as is presented at the centre of the Framework figure of concentric circles that is discussed throughout the thesis. Here the yellow circle appears in isolation, to represent the discussion of this project in isolation in Chapter 3.1. A number of smaller pale yellow and light green bubbles connect this circle and the next green circle.

This circle, to the right hand side, of the yellow circle is entitled ‘Project 2 – My Learning and Teaching Practice’. This circle represents the second concentric circle in the aforementioned Framework figure, but is isolated here to denote the discrete discussion of this project in Chapter 3.2.

Connected by smaller bubbles in various shades of green is the next circle which is teal/turquoise and is labelled ‘Project 3 – Wider Institutional Activities’. This extraction of the third concentric circle from the Framework figure represents the discussion of this project in Chapter 3.3.

Following some bubbles in various shades of blue, follows the final, outer concentric circle from the Framework figure, which is blue in colour. This circle is entitled ‘Impact of Projects 1-3’ and refers to the discussion in Chapter 3.4.

After a final series of bubbles in various shades of turquoise and blue, we arrive at the far right hand side of the lilac rectangle at the Framework figure which comprises a series of concentric circles, changing from yellow in the centre, to green, turquoise then blue. This is the culmination of the circles seen across the figure, mapped on top of each other. This shape is labelled ‘Interrelationship Between Projects – Application of Theoretical Lenses’ and denotes the discussion in Chapter 4 where the connectivity between the layers of the framework are explored.

This concludes the visual figure, which is intended to be read from left to right, and presents a colourful, visual and symbolic journey through the thesis.

Appendix 42 – Table 10, Relevance of this Thesis to the USW 2030 Strategy (USW, 2019)

The table below shows the components of the USW 2030 Strategy and how they relate to this thesis.

USW 2030 Strategy	Relevance to this Thesis
Core Purpose The **University of South Wales** is: • ***ambitious*** *for its students and dedicated to making a* ***positive impact*** *on the communities it serves.* • *focused on* ***inclusion, enterprise and growth.*** • *a trusted partner to equip* ***students with skills for success.*** • *a* ***knowledge creator*** *through research and innovation to* ***make a difference now and in the future.*** • *proudly* ***anchored in South Wales*** *with* ***global reach.***	- To be ambitious in the context of disability and this thesis could be to pursue an affirmative interpretation of disability and to recognise the value that disabled students bring to the institution. This was highlighted as a recommendation in Appendices 19 and 20. - A focus on inclusion could relate to many aspects of this thesis, but arguably the focus needs to critically consider the pervasiveness of the normalcy discourse in order to understand and challenge the systematic oppression that occurs in HE. This call to action is evidenced in Appendices 21 and 22. - For USW to be a trusted partner, we need to value and understand disabled students. This means challenging the portrayal and reality of the 'neurotypical university' (West, 2020) and demonstrating our trustworthiness by enabling disabled students to see themselves in university marketing, strategies, pedagogy and staff teams (Appendices 19-22). - To be a knowledge creator in the context of this thesis includes valuing knowledge in different forms (Hehir, 2002) and challenging the ableist culture of knowledge creation in academia (Dolmage, 2017). Research and innovation could include consultation, co-design and

	collaboration with disabled students and a commitment to critical reflection and social justice perspectives (Liasidou, 2014) in staff development projects. - To be proudly anchored in South Wales but with global reach could mean to recognise and acknowledge the challenges and barriers faced locally by disabled students, and to draw from national and international initiatives to challenge and develop the provision for disabled students.
Core Values **Professional**: We will • *Act with Integrity to ensure people can trust and rely on us.* • *Take responsibility individually and collectively for contributing to our strategic goals and enabler.* • *Pursue excellence in everything we do.*	- As noted in the previous reference to trust, this thesis proposes that to gain disabled students' trust we must have a transparent strategy for acknowledging and challenging ableist practices in academia. - The reference to individual and collective responsibility is well aligned to the focus of this thesis, which discusses that all stakeholders have both and individual and collective responsibility for accessibility in HE, drawing from Young's (2006) social connection model of responsibility. - The aspiration to pursue excellence is an interesting one. One the one hand, this could be said to be highly relevant and that USW should aspire for excellence in its provision for disabled students, its commitment to challenging systemic oppression and its commitment to co-design and valuing insights of disabled learners. On the other hand, one could challenge the construct of excellence as ableist, depending on the parameters by which it is measured (Liasidou, 2014; Sequenzia,

	2019). This value would need to be unpacked to better understand its philosophy.
Core Values **Responsive**: We will • *Be flexible and agile, embracing change and promoting equality and inclusion in all that we do.* • *Be approachable, seeking feedback to continually develop.* • *Be accountable for the delivery of our personal and team objectives.*	- The aspiration to promote equality and inclusion in all that USW do through flexibility and embracing of change is a highly apt value in relation to this thesis. The framework proposed in this research, as well as the theoretical lenses of CDS, anti-oppressive practice and the social connect model of responsibility (Young, 2006) could be seen to be critical tools to ensure this commitment reaches the higher stages of AbilityNet and McNaught Consultancy's (2020) Accessibility Maturity Model, avoiding tokenistic or solely standards-driven responses. Each of the outputs of this portfolio evidence this commitment to critically unpacking equality and inclusivity by challenging a normative discourse. A commitment to embracing change is refreshing in light of the breadth of literature which evidences the ableist and discriminatory potential of HE to date (Barnes, 1991; Dolmage, 2017). - Being approachable and seeking feedback is well aligned with the discussion in this thesis of valuing the insights and expertise of disabled learners (UDLL Partnership, 2017). - In being accountable for team and personal objectives, the framework in Figure 2 could be a tool for critical reflection and a shared language for discussing individual and collective responsibility for social justice issues within and across teams.

Core Values **Creative**: We will • *Nurture curiosity and innovation so that ideas can flourish.* • *Embrace new ideas.* • *Take risks and challenge current ways of working to make a positive impact.*	- Nurturing curiosity and embracing new ideas maps well with the ideas proposed in this thesis, including the focus of consciousness raising (Young, 1990, 2011). - Challenging current ways of working is central to the ethos of this research and the thesis provides some tangible examples of how we could critically examine current practices and processes with a view to making a positive impact by affecting change.
Core Values **Inspiring**: We will • *Be passionate about celebrating success.* • *Be dynamic, stimulating and motivating.* • *Create opportunities that widen our own and our students' horizons.*	- This value is particularly interesting in the context of this thesis. While there are schemes at the university for both staff and students which celebrate success in various ways at present, CDS advocates for recognition of success in diverse forms. This could mean not focusing on the ableist construct of intelligence (Sequenzia, 2019), for example, but considering other contributions or achievements staff and students experience. - Reference to motivation is interesting in the context of this research which has highlighted the lack of representation of disabled people amongst academic staff as well as in the student body (Dolmage, 2017; Brown and Leigh, 2018; Hannam-Swain, 2018; Saltes, 2020). One example of motivating students and applicants would be to see themselves represented at all levels of academia through disabled academics, researchers and practitioners thriving at the university. Further, engaging disabled stakeholders beyond the

	institution is another way to achieve this aspiration of positive, motivating role models. - In creating opportunities that widen horizons, challenging the existing system and dominant discourse could be seen as a prime opportunity for expanding horizons and developing research and practice that has not yet been conceived within existing systemic limitations.
Core Values **Collaborative**: We will • *Actively collaborate across our University and externally for mutual benefit.* • *Be inclusive, valuing and respecting every individual for their contribution.* • *Identify and communicate best practice and ideas.*	- Collaboration across the university is key for sharing insights and experiences for the benefit of all staff and students. Through the projects discussed in this thesis I have had the privilege to work with staff and students across a wide range of contexts (see Figure 15) which has expanded my knowledge and understanding and hopefully shared insight into CDS with other colleagues too. - The value of being inclusive and valuing and respecting every individual for their contribution arguably needs to be further unpacked and discussion had about strategies for enacting this aspiration. As noted, 'inclusive' can be a contentious term, with Young (2002) proposing that the binary between inclusion and exclusion could be perceived as an optional action, afforded by the privileged, dominant group. Further, 'including' marginalised communities in the normative system can require them to conform to hegemonic norms, and thus could be seen as potentially tokenistic or even detrimental (Young, 2002). This value requires

	further elaboration on how it will be enacted, and this thesis could provide some strategies of relevance for this.
Core Goal 'Maximising Graduate Success and Opportunities': Key Themes **Our distinctive academic offer** • An academic portfolio focused on student and employer skills needs, extending reach and impact. • Well-evidenced, market-led and accelerated portfolio development process that builds reputation in areas of strength and in growing and emerging UK and international markets. • Curricular that is co-designed, regularly refreshed and professionally recognised. • Curricular that instils a professional identity in learners from day one and connects learners to regional, national and global challenges.	- A focus on student and employer needs is important and could be a valid way to ensure that diverse needs (of both students and employers) are identified, valued and fulfilled. A non-normative approach to this goal would be important. - The institution's reputation could be adversely affected if the university did not provide equitable access to education for its students, with the recent example from the University College London (UCL) shared in Appendix 22 demonstrating how disabled students are taking action to hold institutions accountable that don't adhere to the Equality Act (2010). As such, escalating compliance with general duty and developing a programme of work through LTEC and the USW Strategic Equality Plan are essential tasks to maintain the institution's reputation. - As noted in the reflections upon Appendices 10-11, I am eager to further develop and surface the aspect of co-design and co-production in my own pedagogical practice. If students are further engaged in consciousness raising activities and become more aware of their *right* to accessible education (Beauchamp-Pryor, 2013), co-design may well more actively consider dimensions of accessibility and universal design for learning (UDL).

Core Goal 'Maximising Graduate Success and Opportunities': Key Themes **Our transformational learning & teaching and student experience** • Embedded problem and challenge-based learning in all courses that develops graduate attributes of innovation and enterprise, leadership, project management, digital literacy, commercial awareness and communication. • Interdisciplinary team-based learning in all curricular that is connected to problems beyond the classroom and that drives actions and solutions. • Curricular that creates a deep sense of belonging, engagement, networking and pride. • Alumni engagement embedded in student life, notably mentoring and supporting graduate success. • An inclusive student voice with a focus on co-creation in the curricular.	- Having explored problem-based learning (PBL) with my colleagues on the music therapy programme (Holden, Coombes and Evans, 2020) I find this approach effective for enabling students to engage with real world examples and safely develop their responses as a group. My understanding of challenge-based learning is that it explores a similar, real world context, which as noted is favourable in relation to disability (French 1992; Young 2006; Hale *et al.* 2013). Within this pedagogical approach, it will be important that the diversity of students' needs is acknowledged and catered for and there may be further considerations when expanding the curriculum to include further community-based work. This has been my experience on the Creative and Therapeutic Arts degree, but I have found the necessary adjustments wholly worthwhile to enable students to benefit from authentic learning experiences. - Curricular that create a deep sense of belonging will need to consider deeply the students which they serve. Kumashiro's (2000) Education that Changes Students and Society would be relevant here in considering the citational practices, literature, art works and other resources used in the curriculum. To feel belonging, students will need to identify with the material they experience, and this should include ensuring disabled authors, artists, activists and participants form part of the curriculum.

	- This further reference to an 'inclusive student voice' could be expanded upon to determine the precise meaning of 'inclusive' in this context and how this is to be achieved. As noted, many of the approaches discussed in this thesis could engage the Students' Union as well as the wider student body and courses in other disciplines to widen the impact and reach of a CDS-informed philosophy.
Core Goal 'Maximising Graduate Success and Opportunities': Key Themes **Our workplace and lifelong learning solutions** • Extended and enhanced professional, workplace learning opportunities, including degree apprenticeships. • New innovative, flexible CPD opportunities and models of delivery. • Increased focus on blended and online learning opportunities to extend market reach.	- Opportunities for lifelong learning align well with the focus of this research, particularly in providing contextual studies to students and staff informed by CDS. As noted, this could be meaningfully explored in any discipline, since students may have disabled peers, disabled customers, disabled service users, disabled colleagues, be taught by disabled staff or be disabled themselves. - A CDS-informed CPD programme for staff could positively impact the accessibility of students' learning experiences. - The increased focus on blended and online learning opportunities has been dramatically accelerated in response to the Covid-19 pandemic, with most USW courses being delivered in a blended mode this coming academic year. This has raised much discussion in the DS/CDS community about the readiness to offer such adjustments for non-disabled students, but the perceived reluctance to offer such adjustments when it was for disabled students.

	- This exemplifies the systemic ableism discussed in this thesis but could be seen as an opportunity to challenge this position, and to learn from disabled people about the advances in online working and learning they have been making for many years, benefitting from “crip technology and praxis” (Hamraie, 2020).

Core Goal 2 ‘Research and Innovation Excellence Through Impact and Exchange’: Key Themes
 	
Our internationally excellent research capabilities
• Accelerated development and investment in internationally reputable and high impact research:
  • Sustainable environment,
  • Crime, security and justice,
  • Health and well-being,
  • Creative.
  • Focused development of innovative pedagogical practice, including the use of emergent technologies.
	- Disability is a cross-cutting theme across each of the proposed areas of accelerated development. As Goodley (2013, p.632) suggests, “Critical disability studies start with disability but never end with it: disability is the space from which to think through a host of political, theoretical and practical issues that are relevant to all”.
	- As such, it would be highly relevant to share CDS-informed ideas from this research with students and researchers in every one of these high impact research areas.

Core Goal 2 ‘Research and Innovation Excellence Through Impact and Exchange’: Key Themes **Our research and innovation impact** • Multi-disciplinary research platforms focused on providing relevant, impactful solutions to problems that affect society and the economy. • Learning and teaching based on insights and evidence from our research and innovation impact in industry and the community. • Support, foster and showcase the talent and ambition of our research and innovation.	- A focus on impact highlights disability once again as an important area of research and practice focus. If research is positioned according to the Social Model of Disability with the ‘problem’ of disability located in society rather than within individuals, there are a myriad of impactful opportunities to challenge the current medicalised discourse of disability in society. - Basing learning and teaching on insights from research and innovation impact in the community exemplifies the ethos of the Creative and Therapeutic Arts curriculum

	in “learning *with* and *by*, not *about* [disability]” (Laes and Westerlund, 2018, p. 34). - Applying this ethos more widely across other courses could engage students in Kumashiro’s (2000) early typologies of Education *for* and *about* the Other, challenging practical consciousness about disability (Giddens, 1984; Young 2006).
Core Goal 2 ‘Research and Innovation Excellence Through Impact and Exchange’: Key Themes **Our knowledge and skills exchange for student and strategic partner benefit** • Major strategic partnerships that address global challenges as catalysts for wider influence and support. • Working in partnership as integral parts of sector teams to create greater levels of productivity, innovation and economic impact. • A catalyst and bridge for knowledge exchange between students, employers and community interests. • Working in partnership to inspire and support student entrepreneurship.	- Several issues explored in this thesis and in CDS more widely could be seen as global challenges. The impact of the Covid-19 pandemic on disabled people is a prime example of the significant impact of everyday decisions, policies and actions on disabled people (Northway, 2020). - Working in partnership could be an excellent way to highlight disabled people’s voices and experiences within the academy, such as working with disabled people’s organisations, as advocated by Beckett (2015). - Recognising this partnership working as a catalyst for knowledge exchange is indeed the perspective the Creative and Therapeutic Arts degree takes in ensuring that experts by experience inform the curriculum and knowledge construction.
Core Enabler 1 – ‘Our External Focus’: Key Themes **Our accessible HE** • Engagement with partners to improve educational attainment and promote access and participation in higher education.	- The focus of this Core Enabler on accessibility is encouraging and relevant to this thesis. Recognising the work identified in Figure 3 around widening participation requires targeted strategies and a challenge to the ableist norms of academia in order to

• Growth of HE in FE opportunities across our region and beyond. • Enhanced support for students from under-represented communities and groups to succeed in higher education. • Growth of inbound and outbound international student mobility.	ensure that 'including' marginalised communities in the normative system doesn't requires them to conform to hegemonic norms (Young, 2002), but values non-normative positivism (Bolt, 2019) and enriches the academy with this diversity. - The suggestion of enhanced support for students from under-represented communities and groups (which could include disabled students) is positive and recognises the limitations of the normative system to accommodate or nurture these students. - This research offers some suggestions of how this support could be conceptualised, such as enabling specialist services like the Disability Service to work more closely with such students by academics taking more responsibility for the accessibility of their own provision on the whole, through principles of UDL.
Core Enabler 1 – 'Our External Focus': Key Themes **Our contribution to economic and societal well-being** • Commitment to improving the future of the communities we serve by taking individual and collective action, including support for the Welsh Government's well-being goals. • A catalyst and bridge for responsible partnership building between industry and communities through, e.g. practice-based research and innovation focusing on solutions to real world problems. • Build supportive, trusting and professional relationships with civic leaders to maximise positive change and outcomes for our region and beyond.	- Reference to individual and collective action in this Core Enabler closely mirrors the themes and ideas discussed in this thesis (Young, 1990, 2011). - Focus on real world problems could begin with the inaccessibility of academia to some students. - Building trusting relationships with civic leader relates well to the notion of recognising and valuing expertise of disabled citizens and activists, and challenging the ivory tower of academia as the sole site of knowledge construction (Dolmage, 2017). - This is potentially countered in the suggestion to maximise value of campuses, however this could be

• *Maximising the economic and public value* of our campuses as an anchor institution for the benefit of our partners and communities.	achieved by flexing the boundaries of the university campus, and inviting more community members into the institution as valued contributors to the HE knowledge construction process.
Core Enabler 1 – 'Our External Focus': Key Themes **Our connected and responsible organisation** • Deepen and broaden our regional, national and international strategic partnerships for mutual benefit, including development of models to accommodate partnership requirements. • Enhanced engagement with our alumni to sustain an advocacy and support network for life. • Communicate our purpose and value with clarity, integrity and enthusiasm. • Embedded environmental and corporate social responsibility principles.	- The suggestion of developing models to accommodate partnership requirements could be applied to enabling more disabled stakeholders to contribute meaningfully to university life. - Enhanced engagement with alumni could be an effective way to learn from the experiences of past disabled students and to affect change informed by these insights. - The commitment to communicating the organisation's purpose and value with clarity is an interesting one, and this could open up rich conversations about the values-based philosophy discussed in Chapter 4.
Core Enabler 2 – 'Our Operational Transformation': Key Themes **Our focused, talented and ambitious staff** • "One University" values-based culture with a deep sense of belonging, focus and pride in our work. • Ethos of continuous improvement in learning and teaching, with staff empowered to innovate and collaborate to advance our innovative pedagogical practice. • High performing and digitally innovating workforce aligned to our core values, goals and work priorities. • Inclusive workplace environment that supports diversity and fosters collaboration and well-being.	- This was the section of the USW 2030 Strategy which struck me upon first reading. I was excited to see the suggested focus on a 'values-based culture' and felt this could align well with my research and could be a way that I could share my passion and values with others. However, upon reflection, there needs to be more clarity on what values the "one university" culture is based upon. As noted, the framework in Chapter 4 is not intended to be definitive or transferable, and I have used the phrasing of 'values' as a flexible term which others can populate with their own beliefs and priorities.

	- However, I wonder whether conflicting values might not lead to the “one university” values-based culture, and whether the activities discussed and evidenced in this thesis could provide opportunities for students and staff to have honest conversations about their values and to explore whether there is a shared values-based culture among USW stakeholders.
Core Enabler 2 – ‘Our Operational Transformation’: Key Themes **Our fit-for-the-future operations** • Consolidate our physical and enhance our virtual infrastructure. • Provide flexible spaces and leverage emergent technologies to facilitate innovative pedagogical and work practices. • Deliver efficient, optimized and innovative services that meet the needs of our students, staff and partners. • Adopt an effective data governance and management framework and the application of business intelligence and analytics for sound decision-making.	- As noted, there is enormous potential to learn from disabled stakeholders as we enhance our virtual offer and innovate pedagogical practices with increasing digital capacity. - The suggestion that academics should take responsibility for the accessibility of their provision through principles of UDL, enabling the Disability Service to focus on more specialist provision (Wray, 2018), would enable delivery of more efficient and optimised services, which has been recognised by disabled students as a challenge when seeking to access both the Disability and Wellbeing Services (Appendix 18).
Core Enabler 2 – ‘Our Operational Transformation’: Key Themes **Our financial strength** • Deliver a scalable and sustainable institution through an operational and commercial model embracing efficiency and effectiveness. • Grow and diversify our income to generate surpluses for re-investment in our core purpose.	- While the emphasis on financial dimensions here could be considered less relevant to the emphasis of this research overall, disabled people are hugely valuable but under-represented contributors to the workforce (EY, 2018) as well as being a large consumer market eager to know which businesses authentically support their goals (Accenture, 2018). As such, disabled

	stakeholders could have significant influence over the financial success of the institution. - Statistics also show that disabled students are more prone to attrition (Weedon, 2017; Osborne, 2019) thus taking their business away from the institution. - Addressing this issue through increasingly equitable and accessible education could have financial implications for the institution.

Table 10 – Relevance of this Thesis to the USW 2030 Strategy

Appendix 43 – Higher Education (HE) and Further Education (FE) Accessibility Maturity Model (AbilityNet and McNaught Consultancy, 2020)

This appendix demonstrates the ways in which this thesis has facilitated a shift between the levels of AbilityNet and McNaught Consultancy's (2020) Accessibility Maturity Model, at USW specifically. The key stages below are taken as the focus, and the full table follows to demonstrate the wider context.

Stage	**Luck**	**Tokenism**	**Standards**	**Ownership**	**Partnership**
Typical quote	*"With luck we won't have any disabled learners"*	*"We'll help you get DSA funding"*	*"All our systems meet WCAG 2.1 AA"*	*"We train staff to use digital tools and resources to maximise learner independence"*	*"Disabled students co-design courses & assessment approaches."*

Various stages are evidenced in my experiences of USW practices in the following ways:

- **'Luck – "with luck we won't have any disabled learners".**

  Arguably this discourse is reflected in Appendices 19 and 20 where the Disability Service websites of Welsh universities show a significant deficit-based portrayal of disability and portray that engaging and thriving in HE wouldn't be possible without significant support and adjustments. In addition, the absence of disabled presence noted in authorship and visibility across the sample perpetuates a vision of HE where disabled students are not present or welcome.

- **‘Tokenism – “We’ll help you get DSA funding”’.**

There are arguably many examples of this position in USW practices, with an emphasis in Appendices 19 and 20 on securing funding and assessments to enable participation in HE for disabled students. It could be argued that Appendices 17 and 18 subscribe to this model, in that their intention is to make the process of securing DSA funding more transparent and accessible to disabled students. However, the system is overtly problematised in Appendix 18, and yet steps are taken to improve accessibility and student experience of the existing system, in advance of challenging the current system and with the available resources of a single researcher. This is where the call to action for shared and collective responsibility under Young’s (2006) social connection model of responsibility is critical.

- **‘Standards – “All our systems meet WCAG 2.1 AA”’.**

With the advent of the PSBAR, this notion of standards and legal compliance has been escalated on the USW agenda, with the creation of a dedicated Accessibility Working Group, of which I am a member. As with the Accessibility Maturity Model (AbilityNet and McNaught Consultancy, 2020), the focus of this group is primarily on digital accessibility, but the forum has provided opportunity for consideration of wider accessibility issues and of translation of digital practices into other contexts. I have advocated for the advancement of a culture of inclusivity at this group, rather than a focus on compliance along, with a view to challenging a deficit-based discourse around disability and shifting to recognition of the pedagogical potential of focusing on accessibility for all. The thesis in general discusses the limitations of a compliance-focused discourse and the potential for the power dynamic between disabled student and institution to make challenging barriers to accessibility, challenging.

- **‘Ownership – “we train our staff to use digital resources to maximise learner independence”’.**

This has been the stage where the majority of my practice has focused. Through activities in Appendices 21 and 22 I have endeavoured to raise consciousness of all stakeholders’ ownership of the opportunity for accessibility. Highlighting collective

responsibility is central to this notion of increasing ownership. In addition, Appendices 10 to 16 demonstrate how ownership can be shared and nurtured through curriculum design, pedagogical activities and pedagogical research for the accessibility of provision. In relation to AbilityNet and McNaught's (2020) focus on use of digital resources, Appendix 16 specifically explored use of generic technology to enable a cohort to take ownership of the accessibility of the provision through sharing their notes. Interestingly, what was deemed a generic platform by myself was not adopted by the cohort, who preferred WhatsApp as a more inclusive, accessible tool to support their learning. This poses interesting questions about whether staff would be best trained in specialist tools and equipment or in taking advantage of the accessibility features of more widely available tools (as discussed in a recent conference presentation, cited in Appendix 4).

A critical position on this definition of ownership could be that "maximising learner independence" assumes that independence is a valid, achievable or constructive aspiration. A post-humanist position might challenge this (Braidotti, 2013; Goodley, Lawthom and Runswick-Cole, 2014) and consider that disabled students, like non-disabled students engage with a wider range of inter-dependencies to enable their learning. This should be celebrated and enabled, rather than necessarily striving for the humanistic aspiration of independence, which is arguably an ableist construct.

- **'Partnership – "disabled students co-design courses and assessment approaches"'.**

This is the aspiration in AbilityNet and McNaught Consultancy's (2020) model, and mirrors best practice in relation to co-production, co-design and valuing the expertise of the diverse learner (UDLL Partnership, 2017; QAA, 2018). I have co-designed aspects of the curriculum and wider portfolio with disabled students and disabled stakeholders (Appendices 10-12, 15-18, 21-22) and a key recommendation of this thesis is to further develop this aspect of my practice, countering the pace of academia (Stone and Priestley, 1996; Vostal, 2014) to make time and space for this critical dimension.

Stage	Luck	Tokenism	Standards	Ownership	Partnership
Typical quote	*"With luck we won't have any disabled learners"*	*"We'll help you get DSA funding"*	*"All our systems meet WCAG 2.1 AA"*	*"We train staff to use digital tools and resources to maximise learner independence"*	*"Disabled students co-design courses & assessment approaches."*
What does it look and feel like?					
What is the main driver?	Minimal effort / expense	Support for individuals	Legal compliance	Pedagogical excellence	Inclusive excellence
Who is responsible?	No-one.	Disability team.	Web teams.	Whole organisation.	Organisation & stakeholders.
Which model of disability is in play?	Invisibility.	Medical.	Social - by compliance.	Social – by conviction.	Social – by collaboration.
What is the focus of effort?	Justify non action or seek exemption.	React to barriers.	Make websites inclusive.	Make teaching and learning inclusive.	Make everything inclusive.
Skills and expertise	Unidentified or sparse.	Located in disability teams.	Pockets of expertise available.	Available across broad teams.	Accessible practices are core professional values
Digital accessibility is in which policies?	Hard to find in any policies.	Assistive tech visible in Disability policies.	Disability. IT and procurement.	IT, procurement, disability & teaching/learning.	Wide range of policies (including marketing /comms etc).

The culture feels like...?	Disability invisibility / ignorance / avoidance	Silos of expertise but little skills transfer.	Risk aversion by standardis-ation.	Innovation encouraged. Permission to take risks within a framework.	Partnership, creativity & embedding good practice.
Student digital experience?	Students self-advocate.	Disability team focus on disclosure.	Pockets of digital accessibility.	Mainstream digital accessibility aids productivity.	Students actively involved in shaping practice/policy
Potential next steps to highlight?	Legal obligations	Digital accessib-ility (institution-nal systems).	Digital accessibility in the classroom.	Inclusive pedagogy and practice.	Celebrate and communicate achievements.

Table 11, Higher Education (HE) and Further Education (FE) Accessibility Maturity Model (AbilityNet and McNaught Consultancy, 2020)